

Kansas Department for
Children and Families
Guidance Handbook for Family Foster Homes

Revised October 2015



CPA and Residential Facility
500 SW Van Buren • PO Box 1424
Topeka, KS 66601
Phone: (785) 296-2500 • Fax: (785) 296-5937

Website: <http://FosterLicensing.dcf.ks.gov>

Table of Contents

I.	INTRODUCTION.....	4
II.	FAMILY FOSTER HOME DEFINITION.....	6
	K.A.R. 28-4-311. Definition.	6
III.	REGULATIONS FOR FAMILY FOSTER HOMES FOR CHILDREN	7
	K.A.R. 28-4-800. Definitions.....	7
	K.A.R. 28-4-801. License required.....	10
	K.A.R. 28-4-802. License requirements.....	11
	K.A.R. 28-4-803. Licensing procedure.....	12
	K.A.R. 28-4-803. Licensing procedure.....	12
	K.A.R. 28-8-804. Terms of license; validity of temporary permit or license; renewal of license; amendments; exceptions; withdrawal of application or request to close.	13
	K.A.R. 28-8-804. Terms of license; validity of temporary permit or license; renewal of license; amendments; exceptions; withdrawal of application or request to close.	13
	K.A.R. 28-4-805 Background checks.	16
	K.A.R. 28-4-805. Background checks.....	17
	K.A.R. 28-4-806. Training.	20
	K.A.R. 28-4-807. Reporting requirements for infectious or contagious disease; positive tuberculin test; critical incidents; abuse and neglect.	24
	K.A.R. 28-4-808. Recordkeeping requirements; confidentiality.	27
	K.A.R. 28-4-809. Basic placement information; other required placement information; departure requirements.	30
	K.A.R. 28-4-810. Case plan.....	33
	K.A.R. 28-4-811. Caregiver qualifications; supervision.	35
	K.A.R. 28-4-812. Respite care.....	40
	K.A.R. 28-4-813. Child growth and development.	42
	K.A.R. 28-4-814. Family life.....	44
	K.A.R. 28-4-815. Behavior management practices; prohibited punishment; physical restraint; notification requirements.	49
	K.A.R. 28-4-816. Transportation.	53
	K.A.R. 28-4-817. Nutrition; food handling and storage.	56
	K.A.R. 28-4-818. Storage and administration of medication.	58

K.A.R. 28-4-819. Health care.....	62
K.A.R. 28-4-820. General environmental requirements.	66
K.A.R. 28-4-821. Sleeping arrangements.	72
K.A.R. 28-4-822. Safety procedures; emergency plan; drills.	78
K.A.R. 28-4-823. Outside premises.	80
K.A.R. 28-4-824. Swimming pools, wading pools, and hot tubs; off-premises swimming and wading activities.	82
K.A.R. 28-4-825. Animals.	85
IV. APPENDIX: HELPFUL RESOURCES AND INKS	87
Family Foster Home Forms:	87
Foster Home Exceptions on a Day Care Home License:.....	87
Background Checks:	87
Safety Information:	87
Disease Prevention	88
Foster Parent Training	88

I. INTRODUCTION

The project to rewrite regulations for licensing family foster homes began in April, 2003, and was designed to craft a comprehensive strategy (including recruitment, retention, and regulation) for managing the foster parent network that accomplishes the vision of the United States Department of Health and Human Services (HHS) Sub-Cabinet:

- Working from the perspective of “what is in the best interest of the child” ensures the child’s safety and well-being without creating unnecessary bureaucratic barriers and inefficiencies.
- The foster parent network should be able to serve all children and youth in need of services.
- The management of the foster parent network (recruitment, retention and regulation) should be continuously improved and stay contemporary.

Governor Kathleen Sebelius took note of the project and charted the group as a Budget Efficiency Systems Team (BEST) to not only write new family foster home regulations but to review the entire child welfare system, to identify areas for improvement and determine the steps necessary to achieve such improvement. The goal of the committee, in regard to the regulations, was to clarify and reflect current practice in the child welfare field with a focus on the needs of the individual child or sibling group.

Throughout the promulgation process, the BEST group used the consensus approach to development in the spirit of balancing “normalcy with safety for children” within the family foster home environment.

Stakeholders represented included state agencies, private child placing agencies and adoptive/ licensed family foster parents. Team Tech, Inc facilitated the team.

Participants on BEST Team:

Family Foster/Adoptive Parents

DCCCA, Inc.

Kansas Department of Aging

Kansas Department of Education

Kansas Department for Children and Families

Kansas Department for Children and Families (then, the Kansas Department of Social and Rehabilitation Services) Kansas Department of Corrections (Then, the Juvenile Justice Authority)

Children’s Alliance

Kansas Children’s Service League

KVC Behavioral HealthCare

Connections Unlimited

Saint Francis Community and Family Services

The Shelter, Inc.

TFI Family Services

United Methodist Youthville, Inc. (Now, Ember Hope) Kansas

Mentor

Associated Youth Services

TLC for Children and Families

Salvation Army

Lakemary Center, Inc

The Guidance Material Handbook has been developed in partnership with a sub-committee from the BEST group and additional input from the Kansas Foster/Adoptive Parent Association. The information provided in this Guidance Handbook is to assist families and professionals in understanding and maintaining compliance with the family foster home regulations. As questions arise it is recommended you contact your sponsoring child placing agency worker for clarification.

In February 2011, the Guidance Material Handbook was reviewed and revised in partnership with a workgroup comprised of child placing agency and state agency representatives.

The workgroup included representatives from the following agencies:

- Kansas Department for Children and Families
- Kansas Department for Children and Families
- Youthville, (now Ember Hope)
- DCCCA, Inc.
- The Shelter, Inc.
- St. Francis Community and Family Services, Inc.
- Kansas Children's Service League, Inc.
- Lakemary Center, Inc
- Kansas Department of Corrections
- TLC for Children and Families, Inc
- TFI Family Services, Inc
- KVC Behavioral HealthCare, Inc
- Wichita Children's Home
- Associated Youth Services
- Salvation Army

<p>`Compliance Guidance material is typed in bold print following the regulation to which it refers.</p>

II. FAMILY FOSTER HOME DEFINITION

K.A.R. 28-4-311. Definition.

“Family foster home” means a child care facility that is a private residence, including any adjacent grounds, in which a licensee provides care for 24 hours a day for one or more children in foster care and for which a license is required by K.A.R. 28-4-801.

(Authorized by K.S.A. 65-508; implementing K.S.A. 65-503 and 65-508; effective, E-81-22, Aug. 27, 1980; effective May 1, 1981; amended March 28, 2008.)

III. REGULATIONS FOR FAMILY FOSTER HOMES FOR CHILDREN

K.A.R. 28-4-800. Definitions.

- Purpose:** Assisting foster home applicants and licensees in having a clear understanding of terms used throughout the regulations.
- Rationale:** To ensure applicants and licensees are knowledgeable of terms used throughout the regulations.
- Explanation:** This regulation contains descriptive information about terms that are used throughout the regulations. Foster home applicants and licensees will want to familiarize themselves with each of the terms in the definition section.

K.A.R. 28-4-800. Definitions.

For the purposes of K.A.R. 28-4-800 through K.A.R. 28-4-825, the following definitions shall apply:

- (a) “Age-mates” means children whose difference in age does not exceed three years.
- (b) “Applicant” means an individual who has applied for a license but who has not yet been granted a license to operate a family foster home. This term shall include an applicant who has been granted a temporary permit to operate a family foster home.
- (c) “Basement” means the lowest level or story of a family foster home that has its floor below ground level on all sides.
- (d) “Caregiver” means any individual who provides care to a child in foster care in or away from the family foster home, including the following:
 - (1) An applicant who has been granted a temporary permit to operate a family foster home or a licensee;
 - (2) a substitute caregiver;
 - (3) an adult member of a family providing informal visitation;
 - (4) an individual who comes into the family foster home to provide care when the licensee is present; and
 - (5) any respite care provider.
- (e) “Case plan” means the comprehensive written plan of care developed for each child in foster care by the child’s child-placing agent.
- (f) “Child in foster care” means either of the following:
 - (1) Any individual under 16 years of age who is placed for care in a family foster home;
or
 - (2) any individual who is at least 16 years of age but not yet 23 years of age and who is in the custody of the state of Kansas and is placed for care in a family foster home.
- (g) “Child-placing agent” means a person that possesses the legal right to place a child into a family foster home. This term shall include the child’s parent, legal guardian, a public or private child- placing agency, and the court.

- (h) “De-escalation methods” means types of intervention used to help reduce a child’s level of anxiety or anger. This term shall include physical restraint.
- (i) “Department” means the Kansas Department for Children and Families.
- (j) “Discipline” means positive methods of child behavior management, including instruction, redirection, and de-escalation methods.
- (k) “Exception” means a waiver of compliance with a specific family foster home regulation or any portion of a specific family foster home regulation that is granted by the secretary to an applicant or a licensee.
- (l) “Exotic animal” means either of the following:
 - (1) Any non-human mammal that is not one of the following:
 - (A) A domesticated dog, a domesticated cat, a feral cat, or a domesticated ferret;
 - (B) a hoofed animal, including a cow, sheep, goat, pig, and llama, that is kept for farming or ranching purposes;
 - (C) a horse;
 - (D) a pet rabbit; or
 - (E) a pet rodent, including a mouse, rat, hamster, gerbil, guinea pig, and chinchilla; or
 - (F) a potbellied pig; or
 - (2) any animal that typically lives in the wild and is determined by the secretary to be a substantial threat to the health and safety of a child in foster care.
- (m) “Family foster home” means a type of child care facility as defined in K.A.R. 28-4-311.
- (n) “Foster family” means all of the individuals living in a family foster home other than the child in foster care.
- (o) “High-risk sport or recreational activity” means any sport or recreational activity, including watercraft activities and motorized activities, that poses a significant risk of injury to the participant. Safe participation in the activity shall require specialized instruction and may require protective safety gear.
- (p) “Informal visitation” means visitation by a child in foster care in the home of an extended family member of the licensee that is for 48 hours or less each month and that is for the purpose of normal socialization for the child in foster care.
- (q) “Licensee” means an individual who has been granted a license to operate a family foster home.
- (r) “Living space” means the rooms in a family foster home that are used for family activities, including the living room, dining room, family room, game or television room, and sleeping rooms. This term shall not include bathrooms, laundry rooms, and garages.
- (s) “Long-term respite care” means respite care that is provided to a child in foster care for 24 hours or more each week.
- (t) “Physical restraint” means the bodily holding of a child in foster care by a caregiver as a means to help the child regain self-control when the child is behaving in a manner that presents a danger to self or others.
- (u) “Respite care” means the temporary care of a child in foster care in a family foster home other than the family foster home in which the child is placed. This term shall not include any activity that is solely for the purpose of socialization of a child in foster care.

- (v) “Secretary” means the secretary of the Kansas Department for Children and Families.
- (w) “Short-term respite care” means respite care that is provided to a child in foster care for less than 24 hours each week.
- (x) “Sleepover” means an overnight social event with age-mates, away from the family foster home, that does not exceed a 24-hour period.
- (y) “Smoking” means being in possession of a lighted cigarette, cigar, pipe, or burning tobacco in any device.
- (z) “Sponsoring child-placing agency” means the public or private child-placing agency responsible for sponsoring the family foster home, including providing assessment, training, support, inspection, and monitoring for the licensee’s compliance with the regulations governing family foster homes.
- (aa) “Substitute caregiver” means an individual who provides care and supervision in the family foster home for a child in foster care in the absence of the licensee.
- (bb) “Water hazard” means a body of water at least 24 inches deep that is not a swimming pool, wading pool, or hot tub.

(Authorized by K.S.A. 65-508; implementing K.S.A. 65-503, 65-504, and 65-508; effective March 28, 2008.)

K.A.R. 28-4-801. License required.



Purpose: Defines when a license is required for an individual to provide 24-hour care to one or more children and situations when a license is not required.

Rationale: To ensure individuals are licensed when required.

Explanation: In order to operate a family foster home (to provide 24-hour care for children who are not related to the licensee and under 16 years of age) an individual must be licensed.

K.A.R. 28-4-801. License required.

- (a) An individual shall obtain a license to operate a family foster home when providing 24-hour care to one or more children under 16 years of age who are unrelated to the individual, in the absence of the child's parent or guardian.
- (b) No individual shall be required to obtain a license to operate a family foster home under any of the following circumstances:
 - (1) The individual provides 24-hour care for one or more children less than 16 years of age who are unrelated to the individual for a one-time occurrence of less than 30 days during a calendar year.
 - (2) The individual provides care solely for the purpose of enabling the child to participate in a social activity that is normal for the child's age and development.
 - (3) The individual provides informal visitation as defined in K.A.R. 28-4-800.

(Authorized by K.S.A. 65-508; implementing K.S.A. 65-504 and 65-508; effective March 28, 2008.)

K.A.R. 28-4-802. License requirements.

Purpose: Provides requirements and expectations of individuals obtaining or maintaining a license.

Rationale: To ensure applicants/licensees are aware of, and abide by, requirements and expectations in order to obtain and maintain their licenses.

Explanation: In order to obtain and maintain a license an individual must meet the requirements indicated below.

Additional information: Contact your sponsoring child-placing agency regarding other policies for licensing your home.

K.A.R. 28-4-802. License requirements.

Each individual shall meet all of the following requirements to obtain a license and to maintain a license:

- (a) Submit a complete application for a license on forms provided by the department, including requests for the background checks specified in K.A.R. 28-4-805;
- (b) be at least 21 years of age;
- (c) have sufficient income or resources to provide for the basic needs and financial obligations of the foster family and to maintain compliance with all regulations governing family foster homes;
- (d) participate in an initial family assessment, a family assessment for each renewal, and any additional family assessments conducted by the sponsoring child-placing agency. Each family assessment shall include at least one individual interview with each household member at least seven years of age and at least one visit in the family foster home;
- (e) meet the training requirements in K.A.R. 28-4-806; and
- (f) obtain and maintain ongoing sponsorship by a public or private child-placing agency, including a recommendation by the sponsoring child-placing agency that the home be used for placement of children in foster care.

Compliance Guidance: Foster families are encouraged to seek the support and guidance of their sponsoring child-placing agency. A sponsoring child-placing agency can withdraw sponsorship of a foster home based on the agency's policies and procedures. Examples of reasons why sponsorship may be withdrawn are: loss of contact, noncompliance with regulations, noncompliance with child's case plan, unwillingness or inability to care for children served by the agency.

(Authorized by K.S.A. 65-508; implementing K.S.A. 65-504 and 65-508; effective March 28, 2008.)

K.A.R. 28-4-803. Licensing procedure.

Purpose: Defining when DCF may refuse to issue a license.

Rationale: An application for a family foster home may not be granted if the applicant(s) are unable or unwilling to achieve and maintain compliance with the laws and/or regulations governing family foster homes.

Explanation: The department may refuse to issue a license based on noncompliance with the laws and/or regulations.

Additional Information: K.S.A.'s are located in the front of the family foster home regulation handbook.

K.A.R. 28-4-803. Licensing procedure.

The granting of a license to any applicant may be refused by the secretary if the applicant is not in compliance with the requirements of the following:

- (a) K.S.A. 65-501 through 65-516, and amendments thereto;
- (b) K.S.A. 65-523 through 65-529, and amendments thereto;
- (c) K.S.A. 65-531, and amendments thereto; and
- (d) all regulations governing family foster homes.

(Authorized by K.S.A. 65-508; implementing K.S.A. 65-504 and 65-508; effective March 28, 2008.)

K.A.R. 28-8-804. Terms of license; validity of temporary permit or license; renewal of license; amendments; exceptions; withdrawal of application or request to close.

Purpose: Providing guidance regarding the terms and validity of the license. This regulation provides information about renewal of license, amendments and exceptions, and closure requests.

Rationale: To ensure applicants and licensees are aware of terms and validity of the license, and processes involving renewals, amendments, exceptions, and request for closure.

Explanation: This regulation provides specific expectations for terms and validity of a license. A license may be amended to change the capacity or age range at the request of the applicant or licensee. A licensee and sponsoring child placing agency may request an exception to a regulation. An exception may be granted when it is determined to be in the best interest of the child (ren) in care. An applicant or licensee may also withdraw an application for licensure or request the foster home be closed at any time.

K.A.R. 28-8-804. Terms of license; validity of temporary permit or license; renewal of license; amendments; exceptions; withdrawal of application or request to close.

(a) Terms of license.

- (1) A temporary permit or a license may be granted to an applicant for a maximum of four children in foster care, with a maximum total of six children in the home, including the applicant's or licensee's own children under 16 years of age. There shall be no more than two children in the home under 18 months of age.

Compliance Guidance: Example for maximum number of children: if the foster family has 3 biological children (all under the age of 16) in the home, the maximum number of foster children for which the family can be licensed is 3.

FAQ: Regarding the license capacity for a FFH, are children in care over the age of 16 counted in the total number of children in the home? K.A.R. 28-4-804(a)(1).

Yes; refer to the definition of "child in foster care" found in K.A.R. 28-4-800(f), p. 27. Children in care placement, age 16 to 23 are included in the total number of children allowed by the license or temporary permit.

FAQ: Is an infant who is not in custody included in the licensed capacity total?

Yes, infants are counted in the licensed capacity total because the child is in the "care and custody" of the foster parent.

FAQ: Does the regulation limiting the number of children in the home to 6 apply in regard to respite care? K.A.R. 28-4-804(a)(1); p. 31 and K.A.R. 28-4-812.

It does not apply in regard to short-term respite care; however it does apply in regard to long-term respite. See K.A.R. 28-4-812 for short-term and long-term respite requirements.

- (2) Each child in foster care shall be at least five years younger than the youngest applicant or licensee.
- (3) The maximum number of children and the age range authorized by the temporary permit or license shall not be exceeded and shall be limited by the following:

- (A) The number of sleeping rooms that meet the requirements of these regulations;
- (B) the assessment and recommendation of the sponsoring child-placing agency; and
- (C) the ability of the applicant or licensee to maintain compliance with the statutes and regulations governing family foster homes.

FAQ: Should the square footage in the foster parent's bedroom be factored in when determining licensed capacity?

No, square footage in foster parent's bedroom cannot be used when calculating licensed capacity.

- (4) A license to maintain a family foster home shall not be granted or held in conjunction with any license or certificate authorizing another form of child care in a family foster home.

Compliance Guidance: See Appendix (Foster Home Exceptions on a Day Care Home License) for further explanation.

- (5) An applicant or a licensee shall not provide care in the family foster home to any adult or adults unrelated to the applicant or licensee.
- (b) Validity of temporary permit or license.
 - (1) Each temporary permit or license shall be valid only for the individual or individuals and the address specified on the temporary permit or license.

Compliance Guidance: If a licensee is moving or requesting to add a person to or remove a person from the license, the licensee must notify their sponsoring child-placing agency immediately, and a new application will have to be submitted. The license renewal date will change based on the issuance date of the new license.

- (2) Each temporary permit or license shall be posted conspicuously in the family foster home.
- (3) When an initial or amended license becomes effective, all temporary permits or licenses previously granted to the applicant or licensee at the same address shall become void.
- (c) Renewal of license. Before each renewal date, the licensee shall complete and submit an application for renewal on forms provided by the department, including requests for the background checks specified in K.A.R. 28-4-805.

Compliance Guidance: Each license is renewed at least once per calendar year. A new license is not issued, unless an amendment or change to the license has occurred. The sponsoring child-placing agency will work with the foster family to complete renewal requirements such as: renewal application, background checks, documentation of training requirements, environmental inspection of the premises, and an updated family assessment.

- (d) Amendments. Each licensee who intends to change the terms of the license, including the maximum number or the age of children served, shall submit a request for an amendment on a form supplied by the department.

Compliance guidance: Amendment request is a permanent change to terms of the license.

- (e) Exceptions.
 - (1) Any applicant or licensee may request an exception from the secretary. Any request for an

exception may be granted if the secretary determines that the exception is in the best interest of a child in foster care and the exception does not violate statutory requirements.

Compliance Guidance: An exception may be granted to the terms of a license or a regulatory requirement, but not to a requirement set by statute. An exception is a time limited change to the terms of the license that has a beginning and end date.

- (2) Written notice from the secretary stating the nature of the exception and its duration shall be kept on file in the family foster home and shall be readily accessible to the department, the child-placing agent, the sponsoring child-placing agency, the Kansas department of social and rehabilitation services, and the Kansas juvenile justice authority.

Compliance Guidance: Any time there is a requested change to the terms of the license (example: maximum number or age of children served), or there is a need for an exception to the terms of the license or a regulatory requirement, the licensee should contact the sponsoring child-placing agency to review if an amendment or exception is warranted. Any request for an amendment or exception is a joint request by the licensee and the sponsoring child-placing agency and must be submitted on department forms. Written documentation will be provided by KHDE once the exception or amendment is approved/denied.

- (f) Withdrawal of application or request to close. Any applicant may withdraw the application for a license. Any licensee may submit, at any time, a request to close the family foster home operated by the licensee. If an application is withdrawn or a family foster home is closed, the current temporary permit or license granted to the applicant or licensee for that family foster home shall become void.

Compliance Guidance: The applicant or licensee may decide at any time to withdraw their application or request closure of the family foster home. Once the family foster home is closed, the permit or license is no longer valid and the foster parents are no longer authorized to care for children. A Request to Close form must be completed and submitted to DCF.

(Authorized by K.S.A. 65-508; implementing K.S.A. 65-504, 65-505, and 65-508; effective March 28, 2008.)

K.A.R. 28-4-805 Background checks.



Purpose: Background checks are conducted to enhance the ability of the child welfare system to ensure those individuals who have been substantiated or validated on the child abuse/neglect registry or those individuals who have been convicted of a prohibiting crime are not placed in a position to provide care for children. The regulation describes who is required to submit a request for a background check to comply with K.S.A. 65-516, and amendments thereto.

Rationale: To ensure the safety and well-being of children in care so they are protected from the risk of harm.

Explanation: Background checks are searches of different databases. There are 4 types of background checks required to provide care for children. After July 1, 2007, prospective foster/adoptive applicants, and others 18 years of age and older, residing in the home must complete a child abuse/neglect background check from each previous state of residence throughout the five-year period before the date of application. A fingerprint-based federal and state check of criminal history records is required for the licensee(s). The following defines the required background checks:

1. KBI (Kansas Bureau of Investigation): a criminal history central repository check of crimes and juvenile adjudications committed in the state of KS as an adult or juvenile.
2. Child Abuse and Neglect Registry: central child abuse registry check of individuals who have been validated or substantiated by DCF for abuse or neglect of a child.
3. Finger Printing: fingerprint-based check for state and federal criminal history records.
4. Child abuse/neglect registry checks from other states previously lived in by members of the foster family from the previous 5 years prior to application.

Licensee submits yearly information to the sponsoring child-placing agency on all household members over the age of 10 (not including children placed in care) and all substitute caregivers. Licensee must immediately inform the sponsoring child-placing agency of any household members 10 years of age and older who begin residing in the home throughout the year. Any additional substitute caregivers that begin providing childcare in the foster home must be reported to the sponsoring child-placing agency on department forms for the purpose of completing background checks. The sponsoring child-placing agency and licensee will retain a copy of the background checks in the family file for review by the department.

K.A.R. 28-4-805. Background checks.

- (a) With each initial application or renewal application, the applicant or licensee shall submit a request to conduct a background check by the Kansas bureau of investigation and a background check by the Kansas department of social and rehabilitation services in order to comply with the provisions of K.S.A. 65-516, and amendments thereto. Each request shall be submitted to the department on a form provided by the department. The request shall list the required information for the following:
 - (1) Each individual 10 years of age and older who resides, works, or regularly volunteers in the family foster home, excluding children placed in foster care;

Compliance Guidance: Family members and others that live in the home and persons that work or volunteer in the home who are 10 years of age and older.

- (2) each caregiver 14 years of age and older; and

Compliance Guidance: See 28-4-800 (d) for the definition of caregiver.

- (3) each resident of a home in which informal visitation occurs who is at least 10 years of age.
- (b) Each licensee shall submit a request to the department to conduct a background check by the Kansas bureau of investigation and a background check by the Kansas department of social and rehabilitation services before any of the following occurs:
 - (1) A new individual at least 10 years of age begins residing, working, or regularly volunteering in the family foster home, excluding children placed in foster care.

Compliance Guidance: New family members or others who live in the home and persons who work or volunteer in the home and are 10 years of age and older must be reported immediately to the sponsoring child-placing agency so they can be updated on the DCF licensing paperwork.

- (2) A new caregiver at least 14 years of age begins caring for the child in foster care in the family foster home.

Compliance Guidance: Prior to providing care, a new caregiver for a child in care in or away from the foster home must be reported to the sponsoring child-placing agency so the caregiver can be updated on the KBI/DCF background checks.

- (3) A new individual at least 10 years of age begins residing in a home in which informal visitation occurs.

Compliance Guidance: New persons age 10 or older that reside in any home where informal visitation occurs must be reported to the sponsoring child-placing agency so they can be updated on the KBI/DCF background checks.

- (c) Each individual submitting an initial application for a family foster home license shall obtain the following:
 - (1) For each individual 18 years of age and older residing in the home, a child abuse and neglect background check from each previous state of residence throughout the five- year period before the date of application; and

Compliance Guidance: This regulation relates to individuals, aged 18 and older, residing in the home at the time of initial application.

FAQ: *If a currently licensed foster family moves, will they then be required to get the fingerprint- based background checks? K.A.R. 28-4-805(c).*

Foster parents who have previously obtained fingerprint-based background checks will not be required to repeat the checks when they move. Foster parents whose license was issued prior to July 1, 2007 and who have not had the fingerprint-based checks completed are not required by regulation to do so as long as there is no gap between the previous license and the application for a license at the new address.

However, child-placing agencies may decide to include a requirement for the fingerprint-based checks at the time of the move and this would then be included in the agency policies.

- (2) for each applicant or licensee, a fingerprint-based background check from the national crime identification databases (NCID).

Compliance Guidance: All foster/adoptive parent(s) listed on the application, license or who is DCF approved to care for children in or out of home care must have a fingerprint-based state and federal check of criminal history records in order to rule out a record of prohibited offenses.

FAQ: *Are extended family members identified as a resource for informal visitation required to be submitted for the fingerprint-based background checks? K.A.R. 28-4-805(c)(2) and K.A.R. 28-4-814(g)(1)(B).*

Regulations do not require these individuals be submitted for the fingerprint-based background checks. Their names and identifying information must be submitted for the name-based KBI/DCF background checks. Additional policies are determined by each individual child-placing agency, so foster parents should refer to the sponsoring agency's policies as well.

- (d) Each individual who received a family foster home license on or after July 1, 2007 shall obtain the following:
 - (1) For each individual 18 years of age and older residing in the home, a child abuse and neglect background check from each previous state of residence throughout the five-year period before the date of application; and

Compliance Guidance: For any adult family member living in the home that has not lived in Kansas for the 5 consecutive years prior to application a background check must be completed from other states they lived in. This is completed to verify that the family member is not listed on a child abuse/neglect central registry of another state.

- (2) for each licensee, a fingerprint-based background check from the national crime identification databases (NCID).

Compliance Guidance: All foster/adoptive parent(s) listed on the license or DCF approved to care for children in out of home care must have a fingerprint-based state and federal check of criminal history records in order to rule out a record of prohibited offenses.

- (e) Each licensee shall obtain background checks on any additional individual at least 10 years of age who resides, works, or regularly volunteers in the family foster home if requested by the department or the sponsoring child-placing agency.

Compliance Guidance: Additional individuals age 10 and older who live, work, or volunteer in the home

must be reported to the sponsoring child-placing agency. The sponsoring child-placing agency will assist the licensee in completing and submitting the KBI/DCF background check request form(s). The sponsoring child-placing agency or DCF may request fingerprint or out of state child abuse/neglect registry background checks be completed at any time for any person 10 years of age residing, working or regularly volunteering in the family foster home.

- (f) Background checks shall be obtained following the procedures of the department.

Compliance Guidance: The sponsoring child-placing agency will have a policy/procedure in place that will guide the licensee in how to complete the required background checks so as to meet department requirements. When in doubt, ask your sponsoring child-placing agency and they will provide you with further information. If the child-placing agency has questions they will contact KHDE.

If fingerprints are “rejected” by the **FBI**, prints must be retaken and resubmitted for processing. Your sponsoring child-placing agency will provide notification if prints are required to be retaken. If fingerprints are “rejected” a 2nd time by the **FBI**, DCF will accept the name-based search by the **FBI**.

- (g) All fees associated with obtaining child abuse and neglect background checks from other states and NCID checks shall be the responsibility of the applicant or the licensee.

Compliance Guidance: The sponsoring CPA will have a policy/procedure in place that will explain how the fees for the background checks are to be paid.

(Authorized by K.S.A. 65-508; implementing K.S.A. 2007 Supp. 65-516; effective March 28, 2008.)

K.A.R. 28-4-806. Training.



Purpose: Sets forth the requirements for licensees and other caregivers for pre-licensure and in-service training. This section discusses some required content areas, the number of required training hours and corrective action plans for licensees who are not in compliance with the annual training requirements.

Rationale: Foster parents are important role models in the lives of young children and youth while in their care. Training complements the life experiences that foster parents bring to their child-rearing skills and provides opportunity for them to gain additional insight in caring for children with diverse backgrounds who come into their homes.

Explanation: Pre-service and on-going training are required in an effort to provide foster parents with current knowledge of the child welfare system and access to education that will help prepare and provide on-going instruction to support their parental roles.

K.A.R. 28-4-806. Training.

- (a) Prelicensure training. Before a license is issued, each applicant shall participate in and successfully complete the following:
 - (1) A face-to-face, instructor-led family foster home preparatory program approved by the department;

Compliance Guidance: PS-MAPP (Permanency and Safety – Model Approach to Partnership Parenting) or PS-DT (Permanency and Safety – Deciding Together) are the approved preparatory curriculums for children in the custody of DCF. Your sponsoring agency may request approval for an alternate curriculum for pre-service training. For children not in DCF custody, your sponsoring agency will inform you of the pre-service training requirements.

- (2) a face-to-face, instructor-led first aid training course that lasts at least three clock-hours;

FAQ: *Do both foster parents have to have the 3-hour face to face first-aid training?*

Yes, the regulation requires the training for each licensee prior to full licensure.

- (3) training in universal precautions; and
 - (4) medication administration training.

FAQ: *Do foster parents licensed before March 28, 2008 have to complete the new prelicensure training requirements (instructor-led first-aid; universal precautions; and medication administration)? K.A.R. 28-4-*

806(a).

Foster parents licensed prior to March 28, 2008, are not required by regulation to complete the first aid or universal precautions trainings. They are required to complete the medication administration training. Sponsoring CPAs have training requirements in addition to the annual 8 hours, so foster parents will need to refer to the sponsoring agency's policies. Refer to the question below in regard to the procedure if a family moves to a new home.

FAQ: If a currently licensed foster family moves to a new home and therefore must submit a new application, would the foster parents then have to complete the prelicensure training (first-aid, universal precautions, and medication administration)?

Yes; the move requires an initial application and all prelicensure training requirements will have to be met before a full license will be issued.

FAQ: Do nurses have to complete first-aid, medication administration, and universal precautions training? K.A.R. 28-4-806(a).

The following medical professionals are considered to have completed each of the above trainings upon documentation of a current license or certification: MD; PA; ARNP; RN; LPN, and paramedic. An EMT and a First Responder are considered to have completed first-aid and universal precautions upon documentation of current certification. A CMA is considered to have completed medication administration upon documentation of a current certificate.

FAQ: Medication Administration training is addressed twice in the regulations; please clarify if this training is required for all foster parents or only for new applicants .K.A.R. 28-4- 806(a)(4); p. 34, and K.A.R. 28-4-818(d)(1).

Training in medication administration is required for all new applicants. In addition, it is required for each licensee prior to administering medications. For foster parents that were licensed prior to implementation of the new regulations on March 28, 2008, the training will count toward the annual in- service training requirements.

FAQ: Can you direct us to trainings in regard to first-aid, medication administration, and universal precautions?

Child-placing agencies have these trainings, as does Children's Alliance of Kansas.

FAQ: What is the procedure for initial applicants in regard to prelicensure training (first aid, universal precautions, medication administration)? K.A.R. 28-4-806(a).

An applicant whose temporary permit is issued on or after March 28, 2008 will need to complete these requirements prior to the issuance of a full license.

- (b) In-service training. Each licensee shall obtain at least eight clock-hours of training in each licensing year, including at least two clock-hours obtained through participation in group training, including workshops, conferences, and academic coursework. The training topics shall provide the opportunity to develop competency in two or more of the following areas:
- (1) Attachment issues and disorders;
 - (2) behavior and guidance, including managing aggressive behavior and de-escalation methods, including the use of time-out;
 - (3) child development;
 - (4) communicating with the families of children in foster care; (5) constructive problem solving;

- (6) health;
- (7) home safety;
- (8) human sexuality;
- (9) interactions with children;
- (10) regulations governing family foster homes; (11) medication administration;
- (12) post-traumatic stress disorder;
- (13) separation issues; and
- (14) specific topics related to children with special needs.

Compliance Guidance: Your sponsoring child placing agency will provide further details regarding their on-going training requirements as this may vary depending on your sponsoring agency's policy.

FAQ: *How many hours of annual in-service training are required for a single-parent foster home? K.A.R. 28-4-806(b).*

Current regulations require 8 hours of annual in-service training. Each CPA may have policies regarding training requirements beyond the annual 8 hours required by regulation, so foster parents will need to refer to their sponsoring agency's policies.

Can college-credit courses related to child's care be counted as training hours? If so, what would be the exchange rate and what type of documentation is needed?

K.A.R. 28-4-806(b).

Academic credit hours are accepted as training hours provided the course content is related to the topic areas listed in the regulation. Keep in mind the requirement for annual training to include two or more of the topic areas. An official transcript verifying satisfactory completion of the course will serve as documentation. Each credit hour will count as 15 clock-hours of training.

Will DCF accept online, interactive instructor-led trainings/classes as the "group setting" trainings? K.A.R. 28-4-806(b).

Yes.

- (c) Additional training requirements.
 - (1) Each licensee shall participate in any additional or alternative training required by the sponsoring child-placing agency.
 - (2) Each caregiver using physical restraint shall have a current certificate documenting completion of physical restraint and de-escalation training approved by the secretary.

Compliance Guidance: Prior to using physical restraint on a child in care, the licensee must consult with the sponsoring child-placing agency regarding the CPA's policy/procedures for physical restraint. If physical restraint is allowed by the sponsoring child-placing agency, the licensee must complete a certified training course that has been approved by the department and the sponsoring child-placing agency. Current certification must be maintained and a copy of the certification must be kept on file in the family foster home. Refer to K.A.R. 28-4-815 for additional requirements, information and behavior management practices for physical restraint.

Some examples of approved training are:

- **TCI (Therapeutic Crisis Intervention,**
- **MAB (Managing Aggressive Behavior),**
- **CPI (Crisis Prevention and Intervention),**
- **SCM (Safe Crisis Management),**
- **PIP (Peaceful Intervention Program) which is a de-escalation program only, does not teach physical holds, and**
- **MANDT (named after David H. Mandt).**

K.A.R. 28-4-807. Reporting requirements for infectious or contagious disease; positive tuberculin test; critical incidents; abuse and neglect.



Purpose: Reporting of contagious or infectious disease, critical incidents, and abuse and neglect to the appropriate agencies provides those agencies with the needed information which enables them to take steps to prevent further spread of illness; to determine if additional treatment or care is needed for a child in care; and/or to investigate and respond to potential child abuse and neglect or regulatory concerns.

Rationale: Each agency has specific responsibilities in regard to ensuring the health, safety, and well-being of children in care.

Explanation: The Kansas Department for Children and Families and local health departments are responsible for protecting the public health. The Kansas Department for Children and Families (DCF) is responsible for licensure of facilities and persons providing services to children who are not in the direct care and custody of their biological parents. Child Placing Agencies are responsible for placing children in appropriate foster care environments. The Kansas Department for Children and Families is responsible for protecting Kansas children.

K.A.R. 28-4-807. Reporting requirements for infectious or contagious disease; positive tuberculin test; critical incidents; abuse and neglect.

- (a) Reporting infectious or contagious disease. Each licensee shall be responsible for reporting if any resident of the family foster home, including a child in foster care, contracts a reportable infectious or contagious disease specified in K.A.R. 28-1-2 as follows:
 - (1) Each licensee shall report the disease to the local county health department by the next working day. Each licensee shall follow the protocol recommended by the county health department and shall cooperate with any investigation, disease control, or surveillance procedures initiated by the county health department or the department.

Compliance Guidance: Refer to Appendix for a link to a list of infectious or contagious diseases, which must be reported to the communicable disease staff at the local county health department. For an up-to-date list, K.A.R. 28-1-2 should be consulted each year to insure that diseases have not been added or taken away from the list.

- (2) Each licensee shall notify the sponsoring child-placing agency of the incident for each child in foster care.

- (b) Hospitalization or emergency room care. If a child in foster care requires hospitalization or emergency room care, the licensee shall notify the sponsoring child-placing agency in accordance with the sponsoring child-placing agency's policies and procedures.
- (c) Positive tuberculin test. If any individual residing, working, or volunteering in the family foster home who is required to have tuberculin testing has a positive tuberculin test, the licensee shall report the results to the department's TB control program by the next working day.
- (d) Reporting critical incidents.
 - (1) Each licensee shall report any of the following critical incidents immediately to the child's child-placing agent and the sponsoring child-placing agency:
 - (A) Fire damage or other damage to the dwelling or damage to the property that affects the structure of the dwelling or the safety of the child in foster care;
 - (B) a vehicle accident involving any child in foster care; (C) a missing or runaway child in foster care;
 - (D) the physical restraint of a child in foster care;
 - (E) the injury of a child in foster care that requires medical attention;
 - (F) the death of a child or any other resident of the family foster home;
 - (G) the arrest of a child in foster care;
 - (H) any incident involving the presence of law enforcement;
 - (I) all complaint investigations by the department or the Kansas department of social and rehabilitation services; and
 - (J) any other incident that jeopardizes the safety of a child in foster care.

FAQ: Are foster parents required to submit critical incident reports for incidents that occur away from the home, i.e. at school? K.A.R. 28-4-807(d)(1).

Yes, please refer to subparagraphs (A) – (J) , as all of these events could occur outside the foster home and are required to be reported to the child's child-placing agent and sponsoring child-placing agency.

- (2) Each licensee shall submit a written report for each critical incident specified in paragraph (d)(1) to the sponsoring child-placing agency by the next working day. This report shall contain the following information:
 - (A) The child's name and birth date;
 - (B) the date and time of the incident;
 - (C) a factual summary of the incident, including the name of each individual involved;
 - (D) a factual summary of the immediate action taken, including the name of each individual involved;
 - (E) the signature of the licensee; and
 - (F) the date of the report.

FAQ: May the required critical incident reports be submitted to the sponsoring child-placing agency by email? What about the required signature? K.A.R. 28-4-807(d)(2).

Licensing requirements are met by emailing the report by the next working day. The identity (first and last names) of the sender and the recipient must be clearly stated in the e-mail. A copy should then be printed and

placed in the file at the family foster home. Foster parents should check with the sponsoring child-placing agency to determine if the agency policy requires additional steps.

For those who do not have email, does the report need to be mailed by the next working day or received by the next working day?

Licensure requirements are met by mailing the report the next working day. Again, check with the sponsoring child-placing agency regarding agency timeline requirements.

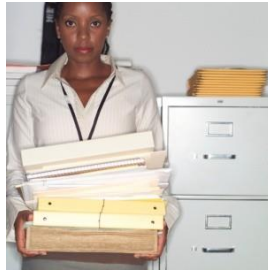
FAQ: How long do foster parents need to retain copies of critical incident reports once a specific child is no longer in placement?

Foster parents should check with the sponsoring child-placing agency to determine the agency's policy in regard to this issue.

- (3) Each licensee shall ensure that a report is submitted to the department by the next working day. The report shall contain all known facts concerning the time, place, manner, and circumstances of the death of a child in foster care or any individual living in the family foster home.
- (4) A copy of each critical incident report shall be kept on file at the family foster home.
- (e) Reporting abuse and neglect.
 - (1) For the purposes of this subsection, "neglect," "physical, mental, or emotional abuse," and "sexual abuse" shall have the meanings specified in K.S.A. 38-2202, and amendments thereto.
 - (2) Each caregiver shall report any suspected neglect, physical, mental, or emotional abuse, and sexual abuse of a child in foster care within 24 hours of discovery, by telephone or in writing, to the secretary of the Kansas department of social and rehabilitation services or to the local law enforcement agency.
 - (3) Each licensee shall notify the sponsoring child-placing agency of suspected neglect, physical, mental, or emotional abuse, and sexual abuse of a child in foster care within 24 hours of discovery, by telephone or in writing.

(Authorized by and implementing K.S.A. 65-508; effective March 28, 2008.)

K.A.R. 28-4-808. Recordkeeping requirements; confidentiality.



Purpose: Accurate, current records provide the necessary documentation that the licensee is maintaining compliance with the regulations.

Rationale: Documentation of compliance with the regulations provides for the protection of the children as well as the protection of the foster parents.

Explanation: Accurate record keeping facilitates continuity of care. When issues arise that question the care being provided, accurate record keeping will enhance the ability of the record reviewer to complete their assessment with all the necessary information, in an effort to allow the situation to be resolved in a timely manner.

K.A.R. 28-4-808. Recordkeeping requirements; confidentiality.

Each licensee shall ensure that all records pertaining to the licensure and operation of the family foster home, including the records specified within this regulation, are kept at the family foster home and are accessible to the secretary and the sponsoring child-placing agency.

Compliance Guidance: To ensure that complete, accurate, accessible records are maintained, the records must be organized in a manner consistent with the policy/procedures of the sponsoring child-placing agency. Methods of recordkeeping that meet this goal include a notebook or file box divided into separate sections: family foster home records; caregiver records; records for family members; and separate records for each child in care.

- (a) Family foster home records. Each licensee shall keep the following documents in the family foster home:
 - (1) The sponsoring child-placing agency's approval for any of the following, if applicable:
 - (A) Approval for the licensee to provide respite care;
 - (B) approval for use of informal visitation; and
 - (C) an approved outdoor safety plan;
 - (2) a copy of the safety rules for the use of the swimming, wading pools, or hot tubs posted as specified in K.A.R. 28-4-824;
 - (3) any exceptions that have been granted;
 - (4) a copy of the regulations governing family foster homes;

FAQ: *Can a CPA refer foster parents to the online regulation book rather than require the foster parent to*

have a regulation book on hand?

If the licensee can demonstrate the ability to access the regulation book electronically, the licensee is in compliance. If the licensee is unable to do this, compliance has not been achieved.

- (5) documentation of the information submitted for background checks as specified in K.A.R. 28-4-805;
 - (6) a copy of the licensee's documentation of each critical incident for each child in foster care as specified in K.A.R. 28-4-807;
 - (7) a copy of the record of each rabies vaccination for each domesticated dog and each domesticated cat owned by any occupant of the family foster home; and
 - (8) documentation of accident and liability insurance for each vehicle used to transport children in foster care.
- (b) Caregiver records. A file that contains the following information shall be kept for each caregiver:
- (1) Documentation of the training specified in K.A.R. 28-4-806;
 - (2) a health assessment that meets the requirements in K.A.R. 28-4-819 and documentation of a negative tuberculosis test or chest X-ray;
 - (3) a copy of a valid driver's license, if applicable. A copy of the license shall also be provided to the sponsoring child-placing agency; and
 - (4) all information for the extended family members identified for informal visitation, as specified in K.A.R. 28-4-814.
- (c) Foster family members 16 years of age and older. The record for each child 16 years of age and older, excluding children placed in foster care, shall include the following information:
- (1) A health assessment that meets the requirements specified in K.A.R. 28-4-819 and documentation of any negative tuberculosis test or chest X-ray;
 - (2) a current immunization record; and
 - (3) a copy of a valid driver's license, if transporting any child in foster care. A copy of the license shall also be provided to the sponsoring child-placing agency.
- (d) Foster family members less than 16 years of age. The records for each child less than 16 years of age who was born to, or adopted by, the licensee shall include a health assessment that meets the requirements in K.A.R. 28-4-819 and documentation of immunizations as specified in K.A.R. 28-4-819.
- (e) Child in foster care. Each licensee shall keep a file for each child in foster care that contains the following information:
- (1) All required placement information specified in K.A.R. 28-4-809;
 - (2) authorization, if any, regarding disclosure of confidential information for the child in foster care;
 - (3) documentation, if applicable, of a case plan authorizing the use of physical restraint;
 - (4) documentation, if applicable, of each use of physical restraint on a physical restraint report form as specified in K.A.R. 28-4-815;
 - (5) medical and surgical consent forms;

- (6) the name, address, and telephone number of a physician to be called in case of emergency; and
 - (7) the medical information record specified in K.A.R. 28-4-819.
- (f) Confidentiality of records of each child in foster care. Each licensee shall keep each child's recorded information confidential. The records shall be kept on file at the family foster home in a manner that ensures confidentiality. Nothing in this regulation shall prevent access to the child's records by the child's child-placing agent, the sponsoring child-placing agency, the department, law enforcement, or the court.

Compliance Guidance: Meeting the needs of children in care requires considerable responsibility in obtaining, maintaining and sharing confidential information. To protect children, confidentiality must be maintained. K.S.A. 65-507 prohibits the use of any identifying information. Photos, by their very nature, identify the person they depict to everyone who knows that person. In cases where the location of a foster child needs to be withheld from particular individuals, including photos on social media defeats the purpose of protecting a child's identity. Therefore, best practice is not to post a photo of the child-in-care.

(Authorized by K.S.A. 65-508; implementing K.S.A. 65-507 and 65-508; effective March 28, 2008.)

K.A.R. 28-4-809. Basic placement information; other required placement information; departure requirements.



Purpose: Basic placement and other required information is to provide all foster parents with the necessary information needed to provide optimal care for the children and youth that come into the home to live. It is the child-placing agency's responsibility to provide this documentation to you when a foster child is placed in your home. It is your responsibility request the information if the CPA fails to provide it in a timely manner. Likewise, departure requirements are designed to provide the children in care with an opportunity to have their belongings with them whenever they are departing to return home or to another placement. It is your responsibility to see that a child in your care leaves with all necessary information and the child's belongings when a child leaves your home.

Rationale: Comprehensive initial information enables caregivers to better meet the child in care's needs. A child or youth's belongings are important to the child. These items need to remain with the child or youth where ever the child goes.

Explanation: Information sharing is one key to understanding the child in care and having the child's belongings with the child allows for an easier adjustment to the child's new environment.

K.A.R. 28-4-809. Basic placement information; other required placement information; departure requirements.

- (a) Basic placement information. Any licensee may accept a child in foster care for placement if the following information is received before or at the time of placement:
- (1) The approval of the sponsoring child-placing agency;
 - (2) signed medical and surgical consent forms or, in the case of an after-hours emergency placement, a provision for obtaining medical and surgical consent forms;

Compliance Guidance: The sponsoring agency must provide the medical consent form when the child in care is brought to the foster home. In the event of an emergency placement, the sponsoring agency must make provision to obtain consent forms for medical care, including surgery.

- (3) a completed placement agreement or a completed emergency placement form;

Compliance Guidance: The sponsoring agency must have the foster parent sign a placement agreement that accompanies the child at time of placement and provide the foster parent with a copy for the foster home file. This form provides the foster parent with the authority to have the child in care in the home. The sponsoring agency may have a provisional placement agreement that accompanies the child at time of placement and then, within the next 14 days, provide a signed formal placement agreement.

- (4) a description of the circumstances leading to the current placement and, if known, the reason the child in foster care came into custody;
- (5) a description of the child's recent circumstances, including any medical problems, mental health concerns, and safety concerns, including any assaultive behavior and victimization concerns, if known;
- (6) information about the child's medication and dietary needs, and the name of each of the child's current health care providers, if known;
- (7) any allergies from which the child suffers, if known; and
- (8) the name, address, and telephone number of the contact individual for the last educational program the child attended.

Compliance Guidance: Numbers 4-7: The sponsoring agency, in working with the referring agency, must provide the foster parent with this information, if known, at time of placement. The name address and telephone number for the last educational program the child attended must be provided at placement. This may be through a form or through written documentation of the conversation held between the sponsoring agency and the licensee. Documentation must be in the foster home file and ready for review by the Department if requested.

(b) Other required placement information.

- (1) No later than 14 calendar days after placement, each licensee shall review the following information:
 - (A) A copy of the court order or other document authorizing the child-placing agent to place the child in foster care;
 - (B) a designation of the race or cultural heritage of the child, including tribal affiliation, if any;
 - (C) a completed and signed placement agreement, including emergency contact information, if not received at the time of placement;
 - (D) signed medical and surgical consent forms, if not received at the time of placement;
 - (E) the name, address, and telephone number of the child's parents or legal guardian;
 - (F) the spiritual or religious affiliation of the child and the child's family;
 - (G) the child's placement history summary, including the name, address, and telephone number of any advocates;
 - (H) a description of positive attributes and characteristics of the child and, if available, any related information from the child, the child's family including siblings, and concerned individuals in the child's life;
 - (I) the name, address, telephone number, and, if applicable, the e-mail address of the child-placing agent who is responsible for supervising the child's placement; and
 - (J) a copy of the current case plan, if completed. If this plan has not been completed, the licensee shall obtain a copy within 14 calendar days of the completion of the plan.
- (2) If the licensee does not have the information specified in paragraph (b)(1), the licensee shall request the information from the sponsoring child-placing agency and shall document the request.

(c) Departure requirements. When any child in foster care moves from the family foster home, the licensee shall send the following with the child:

Compliance Guidance: As noted above, the documentation required in subparagraphs (b)(1)(A) – (J) is critical to the proper care of foster children. Licensees are required to request this information from the sponsoring child-placing agency if the licensee has not received it within 14 calendar days after the child has been placed in the family foster home. Should the sponsoring child-placing agency fail to provide the licensee with this information after request, licensees should contact the Kansas Department for Children and Families for assistance. As children move from foster homes, often times they go to another foster home or return to their families without their personal items. When a child in care is placed in the family foster home, the licensee may utilize and maintain a Personal Inventory list of all the child's personal belongings.

- (1) All possessions brought with the child in foster care to the family foster home that are usable or that have special significance to the child;
- (2) all savings from gifts, allowances, and earnings;
- (3) all usable clothing, school supplies, recreational equipment, gifts, and any other items purchased specifically for and given to the child during placement in the family foster home, including items provided by the foster parents; and
- (4) the child's life book, which may include birth family history, placement history, pictures, school information, and a record of personal achievements.

Compliance Guidance: The Life Book must accompany the child in care at the time of placement. This book is important to the child and contains information regarding the child's history. If the child in care does not come with a Life Book the foster parent should ask the sponsoring agency for a Life Book. This book leaves with the child in care once their stay in the home has ended.

(Authorized by K.S.A. 65-508; implementing K.S.A. 65-507 and 65-508; effective March 28, 2008.)

K.A.R. 28-4-810. Case plan.



Purpose: Case plans are living documents that clearly outline the permanency goals for each child placed in care and drive the goals and services for each child. Foster parents must be active participants on the case-planning team to assist in setting these goals and services for foster children.

Rationale: To ensure each child in care obtains individualized services as identified by the foster parents and other participants in assisting the child to achieve permanency goals.

Explanation: Foster parents play an integral part in identifying individual needs of the children placed in their home and assisting the child in achieving their permanency goal.

K.A.R. 28-4-810. Case plan.

- (a) Each licensee shall be an active participant on the case-planning team with each child's child-placing agent, the sponsoring child-placing agency, and other appropriate parties to develop and implement the child's case plan.

Compliance Guidance: Foster parents must actively participate on the case planning team. The preferred method for participation of the foster parent is in person, however participation may be via telephone as available. Input may be gathered prior to or immediately following the case plan.

- (b) The licensee's participation shall include the following:
- (1) Identifying and sharing information, as appropriate, with individuals who are directly involved in the child's case plan, including any treatment outcomes the child achieves while in the family foster home and the attainment of developmentally appropriate life skills that the child needs to become functional in the community;
 - (2) reporting the child's behaviors and other important information to the child's child-placing agent, the sponsoring child-placing agency, and others as indicated in the child's case plan;
 - (3) recommending changes in the child's case plan to the child's child-placing agent, if needed, including any approval needed for special activities or privileges, and participating in the case-planning conferences for the child; and

Compliance Guidance: The requirements of subparagraph (b)(1)-(3) are not exclusive. In consultation with the child-placing agency, the licensee is encouraged to take a role which will maximize achievement of each foster child's goals and delivery of services to the foster child. There are additional regulations which address specific activities, privileges and self-care tasks requiring prior approval and which must be

included in the case plan:

K.A.R. 28-4-811 (d) Self-care.

K.A.R. 28-4-814 (h) Sleepovers, to ensure it is not a precluded activity for the child as identified in the case plan.

K.A.R. 28-4-814 (i)(1-3) High-risk sport or recreational activity.

K.A.R. 28-4-815 (a)(4) Behavior management.

K.A.R. 28-4-815 (c)(4) Physical restraint.

K.A.R. 28-4-816 (d)(2) Driving.

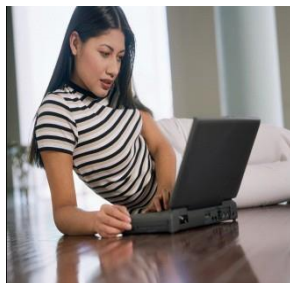
- (4) giving the child-placing agent additional significant information about the child in foster care as it becomes known.
- (c) A licensee shall not disclose medical or social information relating to any child in foster care without authorization from the child's child-placing agent, unless the disclosure is directly related to obtaining necessary services for the child or to ensuring safe involvement in age-appropriate activities.

Compliance Guidance: Information regarding children is only to be released to others, as needed to enable another person to meet the needs of the child and shall be released only with the authorization from the child's sponsoring child-placing agency.

- (d) In order to meet the needs of each child placed in the home, each licensee shall implement the provisions assigned to the licensee in the case plan and shall follow the policies of the sponsoring child-placing agency for the care of the child.
- (e) Each licensee shall seek consultation and direction from the child's child-placing agent or the sponsoring child-placing agency if issues arise that cannot be resolved between the licensee and the child in foster care.

(Authorized by and implementing K.S.A. 65-508; effective March 28, 2008.)

K.A.R. 28-4-811. Caregiver qualifications; supervision.



Purpose: To ensure the health, safety and welfare of a child by providing supervision in accordance with each individual child's age, maturity, high risk factors, developmental level and needs of a child.

Rationale: Supervision is basic to the prevention of harm to a child. A caregiver must be able to hear and see the child to properly supervise him or her.

Explanation: Children in care require supervision which is correlated to their individual chronological age, developmental level, emotional and behavioral disorders, thrill-seeking/risk taking behavior, maturity level, anger control and other variables, to prevent the risk of harm to a child.

K.A.R. 28-4-811. Caregiver qualifications; supervision.

- (a) Caregiver qualifications. Each caregiver shall be qualified by the temperament, emotional maturity, judgment, and the understanding of children necessary to maintain the health, comfort, safety, and welfare of children in foster care pursuant to K.S.A. 65-504 and 65-508, and amendments thereto.
- (b) General supervision. Each licensee shall ensure that each child in foster care is supervised in accordance with the child's age, maturity, risk factors, and developmental level. Additional supervision shall be provided for any child in foster care of any age in any of the following situations:
 - (1) The child has mental health issues that place the child at higher concern for risk-taking behaviors that could result in unintentional injury or drowning.
 - (2) The child would be a danger to self or others.
 - (3) The child functions below the child's chronological age level.
 - (4) The child is unable to engage in self-care.

Compliance Guidance: Foster parents must be aware of each child's needs and provide and arrange supervision of the child based on those needs. It is important to assess boundary issues, sexual issues, alcohol/drug issues and other relevant issues of each child in order to deliver a safe environment and adequately supervise children. Children who have identified risk factors often require increased visual supervision both in the home and community. For example, children who have a history of sexual perpetration require increased supervision when playing with other children and children who have drug or alcohol issues, need increased supervision and a home that is arranged and maintained to reduce the risk

of harm by preventing access to intoxicating substances.

- (c) Substitute care and supervision. Each licensee shall ensure that substitute care and supervision are provided in each of the following situations:
- (1) During the absence of the licensee between the hours of six a.m. and midnight, the following requirements shall apply:
 - (A) For an absence of less than four hours, the substitute caregiver shall be at least 14 years of age and at least three years older than the oldest child in foster care; and
 - (B) for an absence of four to 10 hours, the substitute caregiver shall be at least 16 years of age and at least three years older than the oldest child in foster care.
 - (2) In the absence of the licensee for more than 10 hours or for any period between the hours of midnight and six a.m., the substitute caregiver shall be at least 18 years of age and at least three years older than the oldest child in foster care.

Compliance Guidance: When the foster parent is absent from the home the following substitute care is required:

Length of Time Licensee Absent	Time of Day	Minimum age of Caregiver	Caregiver is 3 years older than oldest child in care
Less than 4 hours	6 am and Midnight	14	Caregiver is 3 years older
4 to 10 hours	6 am and Midnight	16	Caregiver is 3 years older
More than 10 hours	Midnight and 6 am and/or more than 10 hours	18	Caregiver is 3 years older

FAQ: *In reference to substitute caregivers and the 3 year age difference between the caregiver and the oldest child in care, what happens if there is a difference between a child in care’s chronological age and developmental age? K.A.R. 28-4-811(c).*

The child’s chronological age is used to determine compliance with the regulation.

FAQ: *May a child in care be a substitute caregiver if he/she meets the 3-year age difference requirement? Does the answer change if the child in foster care is 18 years of age? K.A.R. 28-4-811(c).*

No, a child in care does not meet the requirements for a substitute caregiver within the family foster home unless he/she is caring for his/her own child and this has been addressed in the case plan. If assessed appropriate as part of the child’s case plan, a child in foster care may babysit in another home.

FAQ: *Why do the regulations allow a 16-year-old child in foster care to be transported by an individual that is 18 years old, but would not allow the 18-year-old to provide care because he/she is not 3 years older? K.A.R. 28-4-811(c); p. 42, K.A.R. 28-4-816(f).*

Being a passenger in a car on the way to school, work, or social activities reflects state law concerning passengers allowable in an automobile driven by an 18-year-old. Transporting a child in care does not constitute “caring” for

a child in the manner envisioned by the family foster home regulations.

- (d) Self-care. Any child in foster care at least 12 years of age may be permitted to stay at home without adult supervision for certain periods of time between the hours of six a.m. and midnight if all of the following requirements and conditions are met:
 - (1) The potential for self-care is identified and written approval is included in the child's case plan.
 - (2) Each child in foster care's specific risk factors, including age, maturity level, behavior disorders, suicidal tendencies, developmental delays, thrill-seeking behavior, and difficulty with anger control, shall be considered in developing the self-care plan.
 - (3) Each licensee has established a written self-care plan for the care and supervision for each child in foster care in the home in the absence of the licensee. The written self-care plan shall take into consideration the number of children in the home, the behavior, emotional stability, and maturity level of the children in the home, and any neighborhood safety issues. The self-care plan shall be approved by the sponsoring child-placing agency and the child's child-placing agent.
 - (4) Only children residing in the home may be present during self-care.

FAQ: What is the intent of K.A.R. 28-4-811(d)(4), which states that only children residing in the home may be present during self-care? Does this mean there cannot be a babysitter for other children in the home present at the same time a child in foster care is at home during approved self-care?

The regulation does not prohibit the presence of a substitute caregiver or a babysitter for other children during a period of self-care for a child in care. The intent is for the child in foster care not to have visitors at the home during a time when there is not appropriate adult supervision.

- (5) The following minimum age and maximum time limits for self-care for each child in foster care shall apply:
 - (A) Any child who is at least 12 years of age may be in self-care for a maximum of two consecutive hours, for no more than four hours each day.
 - (B) Any child who is at least 14 years of age may be in self-care for no more than four hours each day.
 - (C) Any child who is at least 16 years of age may be in self-care for no more than 10 hours each day.

Compliance Guidance: If self-care, between the hours of 6 am and 12 (midnight), is to occur in the family foster home by any foster child in care, the following must be in place and approved prior to self-care occurring:

Required Before Self Care Occurs
Child is 12 years or older
Risk Factors Considered: age, maturity level, behavior disorders, suicidal tendencies, developmental delays, thrill-seeking behavior, difficulty with anger control
Self-care is written and approved on the child's case plan
Written Self-care plan on file and approved by the foster parent, child, child sponsoring agency and child's case manager that addresses: number of children in the home, behavioral and emotional needs of the children in the home, neighborhood safety issues, rules that are in place (For example: snacks, allowed activities, answer phone etc.) instructions for emergencies, plans for checking in (foster parent calls or child calls foster parent).
Only children residing in the home with an approved self-care plan are present

It is recommended that self-care plans periodically be reviewed and revised to accommodate the child's ever changing needs.

If the above is approved and on file then the following age and time limits for self-care apply. Under no circumstances shall a child in care be unsupervised or in self-care between the hours of 12 (midnight) and 6 am.

Minimum Age of Child	Maximum hours of self-care
12 years of age	2 consecutive hours, no more than 4 hours each day between 6 am and midnight
14 years of age	No more than 4 hours each day between 6am and midnight
16 years of age	No more than 10 hours each day between 6 am and midnight

FAQ: Do self-care time limits apply when a child in foster care is babysitting? K.A.R. 28-4-811(d).

This issue is most appropriately addressed by each individual child's case-planning team. Consideration must be given as indicated in 28-4-811(b). Documentation on file is recommended.

FAQ: May foster parents drop an older child in foster care off at a public swimming pool (with lifeguards) and come back to get him/her in an hour or two?

K.A.R. 28-4-811(d).

This issue is most appropriately addressed by each individual child's case-planning team. Consideration must be given as indicated in 28-4-811(b). Documentation on file is recommended.

FAQ: May a child in foster care walk to/from school without adult supervision?

This issue is most appropriately addressed by each individual child's case-planning team. Consideration must be given as indicated in 28-4-811(b). Documentation on file is recommended.

(Authorized by and implementing K.S.A. 65-508; effective March 28, 2008.)

K.A.R. 28-4-812. Respite care.



Purpose: To provide and allow foster parents an interval of rest or relief from providing care for foster children.

Rationale: Respite care allows for the foster parents to have temporary relief from tasks associated with care giving, which allows foster parents the opportunities to reduce stress, rejuvenate, and spend time with their families.

Explanation: Providing daily care for children in care can be time consuming and stressful. Respite care is provided to allow the foster parents relief, while assuring the health, safety, comfort and daily needs of the children in care are met by other foster parents.

K.A.R. 28-4-812. Respite care.

- (a) Requirements. Respite care may be provided for a child placed in another foster home if both of the following requirements are met:
- (1) The respite care provider shall be in compliance with all regulations governing family foster homes.
 - (2) The sponsoring child-placing agency shall have approved the family foster home to provide respite care and the written approval is on file in the family foster home.

FAQ: *If a family is on a Corrective Action Plan (CAP), may they provide respite care? K.A.R. 28-4-806(d)(1) and K.A.R. 28-4-812(a)(1) and (2).*

If the foster home is in compliance with all regulations governing family foster homes but remains under a CAP, the sponsoring CPA will determine whether the family may provide respite care. Documentation shall be present in the foster home file.

FAQ: *What kind of written approval is needed for a home to do respite care? K.A.R. 28-4-812(a)(2).*

The sponsoring CPA will determine whether the family can provide respite care. Documentation shall be present in the foster home file.

- (b) Short-term respite care. The number and age range authorized by the temporary permit or the license may be exceeded by a maximum of two additional children in foster care or a sibling group of any size. If short-term respite care is provided during sleeping hours, an individual bed shall be available for each child.

Compliance Guidance: K.A.R. 28-4-800 (w): Short Term Respite Care definition: “means respite care that is provided to a child in foster care for less than 24 hours each week.

Maximum number of placements	Maximum hours per week	Overnight must have beds available
2 children or a sibling group of any size	Less than 24 hours per week Week begins on Sunday at 12:01 am and ends Saturday at 12 (midnight)	If overnight care, must have beds available for each child

FAQ: For short-term respite care, can the foster family provide care for children outside of their licensed age range? K.A.R. 28-4-812(b).

Yes, if regulations pertaining to the age range of the children are met.

FAQ: For short-term respite care, is square footage NOT a factor as long as each child has an individual (permanent or temporary) bed? K.A.R. 28-4-812(b) and K.A.R. 28-4-821(g).

Square footage requirements do not have to be met during short-term respite care.

Does the bed have to be located in a bedroom or just anywhere in the house?

Each bed must be placed in an approved sleeping room that is designated for use by children in care.

FAQ: Can a licensed day care home with an exception to do foster care provide short-term respite care and be allowed to exceed the license capacity of the family foster home? K.A.R. 28-4-812(b).

The capacity of the licensed day care home may not be exceeded at any time during day care hours. When all respite requirements are met, the day care provider/foster parent may consider providing short-term respite if there are appropriate available slots in the day care or the respite care is provided outside of day care hours.

FAQ: May a family provide short-term respite for children/youth in emergency placements, i.e. Police Protective Custody (PPC), children just coming into custody, or moving from a residential program to a foster home? K.A.R. 28-4-812(a) and (b).

Yes, provided all respite requirements are met.

K.A.R. 28-4-813. Child growth and development.



Purpose: Children in care must have access to the resources that promote growth and development that are age appropriate for that particular child.

Rationale: Children in care have the right and deserve the same opportunities as other children who are not in the foster care system.

Explanation: Foster parents play an integral role in the growth and development of the children in care by providing access to participate in birth family visitation, education, school and community recreational activities, social activities and cultural and religious activities.

K.A.R. 28-4-813. Child growth and development.

- (a) Social development. Each licensee shall provide for the growth and development of each child in foster care by providing the following:
 - (1) Contact with the family of the child in foster care in accordance with the case plan prepared by the child's child-placing agent;

Compliance Guidance: The child's visitation plan with family members is set up in the child's case plan and must be followed accordingly. If there is a change in the scheduled visitation plan due to illness or other extenuating circumstances, the licensee should notify the sponsoring child-placing agency.

- (2) access to individual, school, and community recreational activities according to the child's age and interest; and
 - (3) privacy.
- (b) Culture and religion. Each licensee shall meet the cultural and religious needs of each child in foster care placed in the family foster home.
- (c) Recreational development. Each licensee shall provide an adequate supply of play equipment, materials, and books that meet the following requirements:
 - (1) Are suitable to the developmental needs and interests of each child in foster care; and
 - (2) are safe, clean, and in good repair.
- (d) Education and basic skills. Each licensee shall provide the following to each child in foster care:
 - (1) Facilitation of the child's timely enrollment and school attendance in a local school district or, when appropriate, the child's district of residence and facilitation of the child's regular attendance

at school or any other place of instruction in accordance with the child's individual education plan;
and

Compliance Guidance: Foster parents need to make every effort to schedule the children's appointments outside of school hours to allow for the maximum school participation of the child.

- (2) assistance to each child in learning basic life skills that allow the opportunity to improve self-concept and strengthen identity in preparation for life after foster care.

Compliance Guidance: Foster parents will assist the child in learning age appropriate daily living skills such as cooking, cleaning, money management and doing laundry. These skills will help the child to be better prepared to function in the community after care.

(Authorized by and implementing K.S.A. 65-508; effective March 28, 2008.)

K.A.R. 28-4-814. Family life.



Purpose: The purpose of family foster care is to provide a child with a family-like environment that is healthy and safe during a time when the child's birth family is not able to do so. The family foster home is to ensure the child has the same opportunities that would be provided to them if they were not in the foster care system.

Rationale: Success in family foster care is derived from typical life experiences that are provided for children in out of home care. Providing a good mix of activities that are age appropriate will enhance the opportunity for families to find success in their foster care experience.

Explanation: Positive family life experiences remain with children throughout their lifetime.

K.A.R. 28-4-814. Family life.

- (a) Family activities. Taking into consideration the age, needs, and case plan of each child in foster care, each licensee shall provide the following opportunities for each child in foster care:

Compliance Guidance: Your sponsoring agency should provide you with an opportunity to discuss typical life experiences that your family participates in with the child, assigned case manager and the child's parents, so those can be included in the case plan for the child.

- (1) Inclusion of the child in foster care in the daily life of the family, including eating meals with the family and participating in recreational activities;
 - (2) ensuring that each child in foster care is provided with the same opportunities that are provided to the other children residing in the home; and
 - (3) ensuring that each child in foster care is provided access to schools, church, recreational and health facilities, and other community resources.
- (b) Daily routine. Each licensee shall provide a daily routine in accordance with the age and needs of each child in foster care that includes the following:
- (1) Active and quiet play, both indoors and outdoors, weather permitting;
 - (2) rest and sleep; and
 - (3) nutritious meals and snacks.
- (c) Essential and special items.

- (1) Each licensee shall ensure that each child in foster care is provided with essential items to meet each child's needs, including the following:
 - (A) Food and shelter;
 - (B) nonprescription medical needs;
 - (C) clothing and shoes;
 - (D) toiletries and personal hygiene products; and
 - (E) birthday and holiday gifts.
- (2) Each licensee shall notify the sponsoring child-placing agency and the child's child-placing agent when a licensee identifies a need for additional resources to provide a special item for a child in foster care. Special items may include the following:
 - (A) Clothing and fees for instructional or extracurricular activities;
 - (B) school pictures;
 - (C) athletic and band instrument fees; and
 - (D) cap and gown rental and prom clothing.

Compliance Guidance: The purpose of this regulation is to ensure that it is brought to the attention of all involved individuals when there is a need for additional resources to provide a special item for the child in foster care. The regulation does not require that any specific individual or agency provide those needed resources; but encourages a team approach to identify a plan to obtain the special item. The sponsoring agency may not have the funds to purchase special items needed for the child or youth, so a team approach could help in determining how best to obtain them including, but not limited to, possible contributions and fund raising opportunities within the community.

- (d) Allowance. Each licensee shall provide an allowance to each child in foster care equal to that of any other children of similar age in the family foster home who receive an allowance.

Compliance Guidance: Equal treatment based on family practice does not mean the foster parent must provide an allowance, but if allowance is provided to other children in the home the same practice should be followed with children in care.

- (e) Work opportunity. Each child in foster care shall have the opportunity to earn spending money at tasks or jobs according to the child's age, ability, and case plan. The money shall be the child's, and the child shall not be forced to provide for needs that otherwise would be provided by the licensee.
- (f) Routine tasks. Each licensee shall permit each child in foster care to perform only those routine tasks that are within the child's ability, are reasonable, and are similar to the routine tasks expected of other members of the household of similar age and ability.
- (g) Informal visitation. Any licensee may identify extended family members 18 years of age and older as resources for informal visitation.

Compliance Guidance: Informal visitation is a way to provide licensees with the opportunity to have children in care participate in typical family activities such as staying overnight with grandparents, aunts, uncles, or extended family members that have been identified through the family's informal visitation plan developed by their sponsoring agency.

FAQ: For informal visitation, does the extended family member identified as a resource have to be a blood

relative? K.A.R. 28-4-814(g).

No, any licensee may identify extended family members and shall obtain approval from the sponsoring child-placing agency for the informal visitation plan. There are various definitions of an extended family member.

- (1) For each extended family member identified as a resource, each licensee shall meet the following requirements:

Compliance Guidance: All names must be listed with your sponsoring agency along with an informal visitation plan and criteria (A) through (F) completed and on file with the sponsoring agency and in the family home file.

- (A) Describe the relationship of the individual to the licensee;
- (B) submit a request for background checks as specified in K.A.R. 28-4-805;

FAQ: Are extended family members identified as a resource for informal visitation required to be submitted for the fingerprint-based background checks? K.A.R. 28-4-805(c)(2); p. 33 and K.A.R. 28-4-814(g)(1)(B).

Regulations do not require these individuals be submitted for the fingerprint-based background checks. Their names and identifying information would need to be submitted for the name-based KBI/DCF background checks. Additional policies are determined by each individual child-placing agency. Foster parents need to refer to their sponsoring agency's policies.

- (C) obtain a copy of the current driver's license for each individual who could provide transportation during visitation;
 - (D) provide to the sponsoring child-placing agency documentation that each individual has read and agrees to follow the confidentiality policy and the discipline policy of the sponsoring child-placing agency;
 - (E) ensure that each individual has emergency contact numbers and a crisis plan in case of emergency; and
 - (F) ensure that either an original or a copy of each medical consent form and each health assessment is provided for each child in foster care participating in informal visitation.
- (2) Each licensee shall obtain the sponsoring child-placing agency's approval of the informal visitation plan before using informal visitation.
 - (3) Each licensee shall provide the sponsoring child-placing agency with the information specified in paragraphs (g)(1)(A) through (F) and shall keep a copy on file in the family foster home.
 - (4) Each licensee shall report the following to the sponsoring child-placing agency:
 - (A) The date on which each informal visitation occurs; and
 - (B) the identified extended family member's name and address.

Compliance Guidance: The informal visitation plan must be updated as visits occur to ensure your sponsoring child-placing agency is aware of where the children in care are at all times.

- (5) Each licensee shall ensure that both of the following conditions are met:
 - (A) Each identified extended family member 18 years of age and older is informed of the content of the regulations governing family foster homes.
 - (B) Supervision that ensures the health, safety, and welfare of each child in foster care is provided by an individual 18 years of age and older.

- (h) Sleepovers. Any licensee may permit a child in foster care to participate in sleepovers in unlicensed homes if all of the following conditions are met:

Compliance Guidance: Your sponsoring child-placing agency must be informed regarding sleepovers as they are not considered informal visitation and would not be included in your informal visitation plan. It will be up to the foster parent to determine if this sleepover is age appropriate for the child in care and caution must be taken if the child in care has a safety plan in place due to high risk behavior patterns. The importance of the sponsoring child-placing agency and the foster parents discussing sleepovers before they are planned is crucial in making the decision for the child in care to be safe and for the safety of others.

- (1) The purpose of the stay is to allow the child to participate in a social event that is normal for the child's age and development.
 - (2) Participation in sleepovers is not precluded in the child's case plan.
 - (3) The licensee confirms the invitation with the parent of the child to be visited and determines that supervision will be provided by an individual 18 years of age and older to ensure the health, safety, and welfare of the child.
- (i) High-risk sport or recreational activity. Any licensee may permit a child in foster care to engage in any high-risk sport or recreational activity if all of the following conditions are met:

FAQ: Which sport and recreational activities are considered high-risk? K.A.R. 28-4-814(i).

There is not a specific list of activities considered to be high-risk. Examples include, but are not limited to: horseback riding; water-skiing; riding all-terrain vehicles; riding a jet-ski or hunting. It is expected that child-placing agencies (CPAs) will be in communication regarding this issue with the foster families sponsored by the agency and that the issue will be addressed through the CPA's policy-making decision process.

- ***Do school sports (football, baseball, soccer etc...) fall into this category?***
Some school sports are considered to be high-risk as they require permission of the parent or guardian, specialized instruction and protective safety gear.
- ***For school sports, what information needs to be included in the required safety plan?***
Signed school-required documentation of participation in the sport will suffice as a safety plan.

FAQ: Our family does Police Protective Custody and Respite care. May the children be around and ride our horses without parental consent? It has proven to be very therapeutic for these children. K.A.R. 28-4-814(i); p. 47. Same as above, what about a 50cc & 70cc dirt bike and ATV?

For children in police protective custody, please refer to your sponsoring child-placing agency. For children in respite care, the consent of the legal guardian, legal custodian, or parent is a necessary prerequisite for the child's participation in high risk activities. Horseback riding is considered to be a high risk activity. All requirements must be met prior to children participating in these types of activities.

- (1) Written permission for the specific activity is obtained from the parent, legal guardian, or legal custodian of the child in foster care and from the child's child-placing agent.
- (2) The licensee assesses the individual child-specific risk factors before giving permission. These factors shall include the age and maturity level of the child, behavior disorders, suicidal tendencies, developmental delays, thrill-seeking behavior, and difficulty with anger control.
- (3) Protective safety gear is used, if required for the sport or activity.

Compliance Guidance: If a youth is allowed to ride an ATV, motorcycle, go-cart, or any other type of motorized recreational vehicle, the youth must wear the following protective equipment to help ensure their safety:

- a helmet certified by the U.S. Department of Transportation (DOT) and/or the Snell Memorial Foundation (Snell)
- over-the-ankle boots
- gloves
- long pants and long sleeved shirt

It is also required the youth be given training on the vehicle they will be riding. The training should emphasize safety first. Most recreational vehicles are not designed to carry passengers as it drastically impacts the driver's ability to control the vehicle. Off road vehicles should never be driven on paved roads, as they are not designed for that type of surface. In addition, cars, buses, street motorcycles, scooters, and bicycles on the paved roads significantly increase the risk of collision.

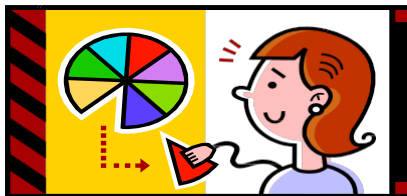
- (4) A safety plan is developed and followed. This plan shall include instruction on the activity and compliance with any manufacturer's specifications and general safety guidelines.
- (5) Direct supervision by an individual 18 years of age and older is provided to ensure safe participation.
- (j) The use of trampolines in home settings shall be prohibited for children in foster care.

Compliance Guidance: Children in care are not allowed to participate in activities that involve a trampoline unless they are during a formal educational setting such as school or enrolled in a gymnastics program. Trampolines on the premises of a family foster home are only allowed with an approved exception from the department specific for a member of the licensee's family. The exception request must outline the use of the trampoline is for a medical reason with a Dr's note stating the diagnosis for that licensee's family member and have a documented safety plan in place that does not allow access of the trampoline to children in care.

(Authorized by and implementing K.S.A. 2012 Supp. 65-508; effective March 28, 2008; amended Sept. 6 2013.)

K.A.R. 28-4-815. Behavior management practices; prohibited punishment; physical restraint; notification requirements.

Charts Behavior



Purpose: The purpose of behavior management practice regulations is to provide a guideline for the types of behavior management techniques, which are beneficial to children in care and describe those which may be harmful to children in care and which are prohibited.

Rationale: To ensure the safety and well-being of children in care and protect them from the risk of harm.

Explanation: Children placed in the foster care system often come from an environment in which they were abused, neglected or exhibited behaviors which were a danger to themselves or others. Children placed in family foster homes may not have the ability or self-control to meet the expectations placed upon them. Children placed in foster care may need additional support and guidance to develop inner controls and learn to manage their own behavior appropriately. Prohibited forms of punishment may cause additional trauma to a child who has been abused in the past.

Behavior management and discipline methods utilized in family foster homes must be positive, age appropriate, tailored to meet a child's developmental level, and encourage cooperation, self-direction, and independence. Foster parents must utilize behavior management methods which de-escalate negative behaviors and which do not utilize prohibited forms of punishment. Foster parents may obtain training in the use of de-escalation techniques from their sponsoring agency or other training resources. Physical discipline is prohibited.

Physical restraint may only be used if the foster parent is trained and certified in the method of physical restraint to be used. The method of restraint and the training must be approved by the DCF Safety Intervention Team. Please refer to K.A.R. 28-4-806 for acceptable procedures and techniques.

De-escalation techniques must be used by the foster parent prior to the use of physical restraint. The use of physical restraint must also be authorized by the child's case planning team for a specific child and it must be in writing and included in the child's case plan.

- (a) Behavior management practices.
 - (1) Each licensee shall ensure that positive methods are used for behavior management that are appropriate to the age and developmental level of the child in foster care and encourage cooperation, self-direction, and independence.

- (2) Each caregiver shall use methods of behavior management that are designed to help each child in foster care develop inner controls and manage the child's own behavior in a socially acceptable manner.
- (3) If time-out is used to manage behavior, the child in foster care shall remain in time-out in accordance with the child's age and developmental level and only long enough to regain self-control.
- (4) For each child in foster care who is not able to develop self-control or self-management, behavior management techniques shall be approved, in writing, by the case planning team.

Compliance Guidance: Additional suggestions for behavior management techniques may be provided by a member of the case planning team. The case planning team is usually comprised of the child's case manager, the foster family's sponsoring agency worker, the assigned DCF worker, the child's parent and the foster parents. Other team members may include the child's: mental health therapist; court appointed special advocate (CASA); mental health case manager; and Guardian ad Litem.

(b) Prohibited punishment.

- (1) No individual shall use any of the following means or methods of punishment of a child:
 - (A) Punishment that is humiliating, frightening, or physically harmful to the child;
 - (B) corporal punishment, including hitting with the hand or any object, yanking arms or pulling hair, excessive exercise, exposure to extreme temperatures, or any other measure that produces physical pain or threatens the child's health or safety;
 - (C) restricting movement by tying or binding;
 - (D) confining a child in a closet, box, or locked area; (E) forcing or withholding food, rest, or toilet use;
 - (F) refusing a child access to the family foster home;
 - (G) mental and emotional cruelty, including verbal abuse, derogatory remarks about a child in foster care or the child's family, statements intended to shame, threaten, humiliate, or frighten the child, or threats to expel a child from the home; and

Compliance guidance: Examples of mental and emotional cruelty include, but are not limited to, caregivers calling a child names, cursing at a child, yelling in such a manner as to frighten the child, or making statements to the child which are about the child, the child's culture, or the child's family and are negative, belittling, critical, demeaning, fault-finding or sarcastic.

- (H) placing soap, or any other substance that stings, burns, or has a bitter taste, in the child's mouth or on the tongue or any other part of the child's body.
- (2) Each caregiver shall be prohibited from giving medications, herbal or folk remedies, and drugs to control or manage behavior, except as prescribed by the licensed physician or licensed nurse practitioner of the child in foster care.

Compliance guidance: Examples of medications, herbal or folk remedies may include, but are not limited to St. John's Wart, Benadryl, any form of alcohol, and/or caffeine.

- (3) No child in foster care shall be forced to participate in publicity or promotional activities.

Compliance guidance: Caregivers shall not have a child in foster care participate in advertisements or ads

designed to recruit adoptive or foster families against the child's will. Please refer to the regulation regarding confidentiality, K.A.R. 28-4-808 (f), for additional information.

- (4) Each caregiver shall be prohibited from publicly identifying any child in foster care to the embarrassment of the child.

Compliance guidance: Caregivers shall not discuss the child in foster care outside of the foster family in a way which would disclose that the child is in foster care and which would shame or embarrass the child.

- (5) No child in foster care shall be forced to acknowledge dependency on the family foster home or to express gratitude to the licensee.

Compliance guidance: Many times children in care are sensitive to discussion that they are in foster care. It is acceptable for foster parents to allow a natural conversation to evolve which relates to the care foster parents provide and which is initiated by the child/youth in care

- (6) Each caregiver shall be prohibited from using physical restraint to manage behavior unless all of the requirements of subsection (c) are met.
- (c) Physical restraint.
- (1) Each caregiver shall ensure that before using physical restraint, other de-escalation methods are used. If other de-escalation methods fail and the behavior of the child in foster care makes physical restraint necessary for the child's own protection or the protection of others, the child shall be held as gently as possible to manage the child's behavior.
 - (2) No bonds, ties, or straps shall be used to restrict movement. The child in foster care shall be held only until one of the following is achieved:
 - (A) The child regains behavioral control.
 - (B) The child is no longer a threat to self or others.
 - (C) The restraint has lasted 20 minutes with no improvement in the child's behavior.
 - (3) Each caregiver using physical restraint in any situation other than an emergency shall have a current certificate on file documenting the training in de-escalation methods and physical restraint procedures and techniques specified in K.A.R. 28-4-806.

Compliance guidance: A child who is damaging personal property is not considered a threat or danger to self or others and this situation does not constitute an emergency.

FAQ: What is the intent of K.A.R. 28-4-815(c)(3)? Does it mean that a foster parent is allowed to use physical restraint in an emergency situation even if he/she is not certified in an approved method of restraint?

Yes, the purpose of this regulation is to address a situation that might occur if a child exhibits behavior that is extreme and is outside any behavior previously exhibited by the child and therefore could not have been anticipated; for example the behavior is endangering the child and/or others. If physical restraint is used as an emergency intervention, it requires assessment by the child's case-planning team.

- (4) The licensee shall have on file a case plan authorizing the use of physical restraint for each child in foster care whose behavior cannot be managed by other less intrusive methods and whose behavior requires the use of ongoing physical restraint on a recurring basis for the child's protection or the protection of others.

- (d) Notification requirements. Each caregiver shall inform the child's child-placing agent and the sponsoring child-placing agency each time physical restraint is used.
- (1) The licensee shall document each use of physical restraint on a form that contains the following:
 - (A) The child's name and birth date;
 - (B) the date and the start and end times of the physical restraint;
 - (C) a description of the other de-escalation methods attempted before the use of physical restraint;
 - (D) a description of the child's behaviors and condition and the incidents that led to the use of physical restraint;
 - (E) a description of the child's behavior during and following the physical restraint;
 - (F) a description of any follow-up actions taken;
 - (G) the name of the individual who used physical restraint on the child; and
 - (H) the name of the licensee completing the report and the date completed.
 - (2) Each licensee shall file the report with the sponsoring child-placing agency no later than the next working day following the use of physical restraint. The use of physical restraint as an emergency intervention shall be reported to the sponsoring child-placing agency at the conclusion of the intervention when the child is no longer a danger to self or others.

Compliance guidance: The caregivers' sponsoring agency or the child's case manager may provide a form to the caregiver which requires that all of the information listed in A through H above is included, but if not, the caregiver must give verbal and written notification as specified in those sections. Caregivers must report each incident of the use of physical restraint with a child in foster care to the caregivers' sponsoring agency verbally as soon as the child has regained control and is no longer a danger to self or others. Caregivers must report each incident of the use of physical restraint with a child in foster care in writing, including all of the information listed above, by the next working day, to the caregivers' sponsoring agency. A copy of each written report must be kept on file in the foster home.

(Authorized by and implementing K.S.A. 65-508; effective March 28, 2008)

K.A.R. 28-4-816. Transportation.



Purpose: Outlines requirements for transporting children in care, to ensure children are safe and secure while being transported in a motorized vehicle.

Rationale: To ensure the safety, health and well-being of children in care while being transported in a motorized vehicle.

Explanation: Children in care shall be safe and secure while being transported in a motorized vehicle. In order to ensure children are safe and secure, this regulation specifies requirements for the vehicle and driver. Direction is also given on how to protect children while they are being transported.

K.A.R. 28-4-816. Transportation.

Each licensee shall ensure that all of the following requirements are met:

- (a) If a vehicle used for transportation of a child in foster care is owned or leased by a foster family member or is driven by a child in foster care, the following requirements shall be met:
 - (1) Trailers pulled by another vehicle, camper shells, and truck beds shall not be used for the transportation of children in foster care.
 - (2) The transporting vehicle shall be maintained in a safe operating condition.

Compliance Guidance: It is recommended that a vehicle safety inspection be completed by a foster parent and/or certified mechanic on an annual basis and record of the inspection or maintenance be kept on file with the records at the foster family home.

- (3) The transporting vehicle shall be covered by accident and liability insurance as required by the state of Kansas.
- (4) A first-aid kit shall be in the transporting vehicle and shall include disposable nonporous gloves, a cleansing agent, scissors, bandages of assorted sizes, adhesive tape, a roll of gauze, one package of gauze squares at least four inches by four inches in size, and one elastic bandage.

Compliance Guidance: Most prepared first-aid kits on the market do not have all the supplies as outlined in the regulation. A suggestion is for licensees to purchase additional items and add to the prepared kit or purchase items individually and make their own first-aid kit.

- (b) Each driver of any vehicle that is used to transport any child in foster care shall hold a valid

driver's license appropriate for the type of vehicle being used.

(c) The use of seat belts and child safety seats shall include the following:

- (1) Each individual shall be secured by the use of a seat belt or a child safety seat when the vehicle is in motion.
- (2) No more than one individual shall be secured in any seat belt or child safety seat.
- (3) Each seat belt shall be properly anchored to the vehicle.
- (4) When a child safety seat, including booster seat, is required, the seat shall meet the following requirements:
 - (A) Have current federal approval;
 - (B) be installed according to the manufacturer's instructions and vehicle owner's manual;
 - (C) be appropriate to the height, weight, and physical condition of the child, according to the manufacturer's instructions and Kansas statutes and regulations;
 - (D) be maintained in a safe operating condition at all times;
 - (E) have a label with the date of manufacture and model number, for use in case of a product recall; and
 - (F) have no missing parts or cracks in the frame and have not been in a crash.

Compliance Guidance: Car seat safety checks are available in most communities and a child passenger safety technician will ensure that car seats are appropriately installed. According to the National Highway Transportation Safety Administration, the back seat is always the safest place for a child of any age to ride.

(d) The health and safety of the children riding in the vehicle shall be protected as follows:

- (1) All passenger doors shall be locked while the vehicle is in motion.
- (2) Order shall be maintained at all times. The driver shall be responsible for ensuring that the vehicle is not in motion if the behavior of the occupants prevents safe operation of the vehicle.
- (3) All parts of each child's body shall remain inside the vehicle at all times.
- (4) Children shall neither enter nor exit from the vehicle from or into a lane of traffic.
- (5) Children less than 10 years of age shall not be left in a vehicle unattended by an adult. When the vehicle is vacated, the driver shall make certain that no child is left in the vehicle.
- (6) Smoking in the vehicle shall be prohibited when a child in foster care is in placement in a family foster home, whether or not the child in foster care is physically present in the vehicle.
- (7) Medical and surgical consent forms and health assessment records shall be in the vehicle when a child in foster care is transported 60 miles or more from the family foster home.

(e) Before a child in foster care is allowed to drive, all of the following requirements shall be met:

- (1) The licensee, child-placing agent, or sponsoring child-placing agency shall obtain permission from the parent or legal guardian.
- (2) The privilege of driving shall be included in the child's case plan.
- (3) The child shall possess a valid driver's license and shall meet the requirements of the Kansas motor vehicle drivers' license act, K.S.A. 8-234a et seq. and amendments thereto.

- (f) Any resident of the home who is at least 16 years of age but not yet 18 years of age may transport a child in foster care who attends middle school or junior high school to and from school without an accompanying adult if all of the following conditions are met:
 - (1) All of the requirements of subsections (a) through (e) are met.
 - (2) The driver has a valid driver's license and meets the requirements of the Kansas motor vehicle drivers' license act, K.S.A. 8-234a et seq. and amendments thereto.
 - (3) The parent or legal guardian of the child in foster care and the child's child-placing agent give their written approval.
- (g) Any child in foster care who attends high school may be transported to and from school, work, or social activities without an accompanying adult by a driver who is at least 16 years of age but not yet 18 years of age if both of the following conditions are met:
 - (1) The driver has a valid driver's license and meets the requirements of the Kansas motor vehicle drivers' license act, K.S.A. 8-234a et seq. and amendments thereto.
 - (2) The parent or legal guardian of the child in foster care and the child's child-placing agent give their written approval.

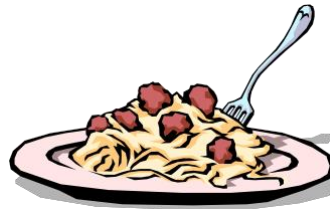
FAQ: Is the following situation considered to be driving from school? Youth ride a school bus from the school to an activity (i.e. football/basketball game, track meet) then drive home after returning to the school on the bus. K.A.R. 28-4-816 (f and g).

Yes, this situation would be considered as driving from the school.

- (h) Any child in foster care who is a parent and who meets the requirements of subsections (a) through (e) may transport any child of that parent.

(Authorized by and implementing 2012 Supp. K.S.A. 65-508; effective March 28, 2008; amended Sept. 6, 2013)

K.A.R. 28-4-817. Nutrition; food handling and storage.



Purpose: This regulation provides standards regarding general nutrition requirements for infants and children. Additionally, basic standards for food handling, preparation, and storage appropriate to a family setting are provided.

Rationale: To ensure the health and physical well-being of children in care.

Explanation: Provides standards for infant feeding practices, minimum standards related to nutrition requirements for children in care, and addresses safe food service practices related to sanitary food handling, preparation, and storage as well as requirements related to dishes and hand washing.

K.A.R. 28-4-817. Nutrition; food handling and storage.

- (a) Each licensee shall ensure that, for each child in foster care, all of the following requirements are met:
 - (1) Each child less than 12 months of age shall be held when bottle-fed until the child can hold the child's own bottle.
 - (2) No child shall be allowed to sleep with a bottle in the child's mouth.

Compliance Guidance: Bottles should never be propped in a baby's mouth. The baby's teeth are developing and the liquids that remain in the baby's mouth as they go to sleep can lead to tooth decay.

- (3) Prepared formula and juice shall be refrigerated until used. Leftover formula and juice shall be refrigerated with the nipple covered and shall be used within 24 hours.

Compliance Guidance: Leftover formula that has been in the refrigerator more than 24 hours is considered unsafe due to the possibility of bacteria growth in the formula from the baby's mouth.

- (4) For each child less than 12 months of age, solid foods shall be introduced in consultation with the child's health care provider.
- (b) Nutritious meals and snacks shall be planned and shall be served in accordance with the food and drug administration's recommended daily allowances.

Compliance Guidance: Nuts, peanuts, and seeds are not proper meals or snacks for children less than 4 years of age due to the risk of choking. Small pieces of hard raw fruits and vegetables, hot dogs and popcorn also are a choking hazard for this age group.

See Appendix for a link for further child safety information.

- (c) A sufficient quantity of food shall be available to allow each child in foster care to have second servings of bread, milk, and either vegetables or fruit.

- (d) Only pasteurized milk products shall be served.
- (e) Food allergies and special dietary needs of each child in foster care shall be accommodated.

Compliance Guidance: In response to the child's family and in consultation with the child's health care provider, the foster parent must accommodate any food allergies that the child may have, as well as any other special dietary needs of the child in foster care.

- (f) Dishes shall be either washed, rinsed, and stacked or placed in a dishwasher after each meal, but no later than the next day.
- (g) Sanitary methods of food handling and storage shall be followed.
 - (1) Each individual engaged in food preparation and food service shall use sanitary methods of food handling, food service, and storage.
 - (2) Each individual involved in food handling shall wash the individual's hands with soap and running water immediately before engaging in food preparation and service.

(Authorized by and implementing K.S.A. 65-508; effective March 28, 2008)

K.A.R. 28-4-818. Storage and administration of medication.

Medication



Purpose: Children in care are often prescribed and take multiple medications at regular intervals throughout the day. Developing a medication administration/disposal and storage plan that is accurate and efficient reduces the risk of potential mistakes that could have negative consequences on the child's health.

Rationale: To ensure the health and safety of children in care.

Explanation: Administering prescribed medications correctly is vital to a child's health and failure to do so could have severe consequences.

K.A.R. 28-4-818. Storage and administration of medication.

- (a) Storage of medication. Each licensee shall ensure that all prescription and nonprescription medication is kept in the original container at the recommended temperature in accordance with the instructions on the label and, except as specified in paragraph (e)(4), in locked storage and inaccessible to children.

Compliance Guidance: Because some medications require refrigeration, it is necessary to check the label carefully. A locked container is needed for storage of refrigerated medications. Examples of containers that meet this requirement include a cosmetics bag with two zipper pulls that can be padlocked together, a locking cash box or a small toolbox or lunchbox with a padlock.

FAQ: *Can locking the room where medications are stored meet the requirement for medications to be in locked storage? K.A.R. 28-4-818(a).*

A locked closet for medication storage is in compliance with the regulations. However, it is not sufficient to lock a room that is used for other purposes (i.e. a bedroom).

What about a child-proof lock?

The answer to this question is dependent upon the ages and abilities of children living in the home and the ages for which the family foster home is licensed.

If the locking device requires a key to unlock it, where should the key be kept?

The key must be kept in the licensee's control at all times. There are a variety of ways to meet that requirement and the best place to keep the key will depend on the specifics of each family's circumstances.

- (b) Nonprescription medication.
 - (1) When nonprescription medication is administered to any child in foster care, each caregiver shall administer the medication from the original container and according to instructions on the label.
 - (2) Substances including herbal supplements, folk remedies, natural medicines, and vitamin supplements other than a daily multivitamin shall be administered only with documented approval by a licensed medical practitioner.
- (c) Prescription medication. When prescription medication is administered to a child in foster care, each licensee shall ensure compliance with the following requirements:
 - (1) Prescription medication shall be administered only to the designated child and in accordance with instructions on the label.
 - (2) Each prescription medication shall be kept in the original container labeled by a pharmacist with the following information:
 - (A) The first and last name of the child;
 - (B) the date the prescription was filled;
 - (C) the name of the licensed physician who wrote or approved the prescription;
 - (D) the expiration date of the medication; and
 - (E) specific, legible instructions for administration and storage of the medication.

Compliance Guidance: Sample prescription medications must be accompanied by a written order from the prescribing physician that includes all of the information required to be on the medication label.

- (3) The instructions on each label shall be considered the order from the licensed physician.
- (4) If a daily or weekly medication container is used for a child in foster care, all of the following requirements shall be met:
 - (A) The medication container shall be labeled with the child's name.
 - (B) The medication container shall be used only for medications that are not affected by exposure to air or light and that can touch other medications without affecting the efficacy of any of the medications.
 - (C) The medications shall be placed in the medication container by the licensee.
 - (D) Each dose shall be placed in the medication container according to the correct time of day.
 - (E) The medication container shall be kept in locked storage.
 - (F) The remainder of each of the child's medications shall be stored in the respective original container until the prescription is completed or discontinued.
 - (G) If any child in foster care is required to receive medication during a visit or during any absence from the foster home, all medication sent for the child shall be in containers that meet the requirements of paragraph (c)(2) and shall be given to the individual taking responsibility for the child.
 - (H) When a child in foster care moves from the family foster home, all current medications shall be in the individual original containers and shall be given to the individual taking responsibility for the child.
 - (I) At no time shall any medication be in the possession of a child in foster care, except

as specified in paragraph (e)(4).

FAQ: When a daily or weekly medication container is used to store medications, may it be sent with the child to respite or on parental home visits in this container? K.A.R. 28-4-818(c)(4).

No; refer to K.A.R. 28-4-818(c)(4)(G), which requires that the medications be sent with the individual taking responsibility for the child and that they be sent in the original labeled containers. Pharmacies are often willing to provide a second labeled container at the time the prescription is filled to cover just this type of circumstance. Similar requests are often made for children needing to take medication while at school or at a childcare facility.

FAQ: When children in care go to respite or on a sleep-over, does the person providing the care need copies of the medication information sheet? K.A.R. 28-4-818; pp. 53 – 56.

Refer to your sponsoring child-placing agency's policies in regard to items and information required to accompany a child who is away from the family foster home.

(d) Requirements for administering prescription and nonprescription medication.

- (1) Before administering medication, each licensee shall receive training in medication administration as specified in K.A.R. 28-4-806. Each licensee shall ensure that each individual administering medication knows the purpose, side effects, and possible contraindications of each medication.

Compliance Guidance: Resources for training in medication administration include the sponsoring CPA and/or the Children's Alliance of Kansas.

- (2) (A) For prescription medications, each caregiver shall record on each child's medication record the following information:
 - (i) The name of the individual who administered each medication;
 - (ii) the date and time the medication was given;
 - (iii) any change in the child's behavior, any response to the medication, or any adverse reaction;
 - (iv) any change in the administration of the medication from the instructions on the label or a notation about each missed dose; and
 - (v) any direction from the physician to change the order as written on the label.
- (B) Each medication record shall be signed by the caregiver and shall be made a part of the child's medical record.

(e) Self-administration of medication.

- (1) Any licensee may permit each child in foster care with a condition requiring prescription medication on a regular basis to self-administer the medication under adult supervision. Each licensee shall obtain written permission for the child to self-administer medication from the licensed physician, licensed physician's assistant, or advanced registered nurse practitioner treating the child's condition.
- (2) Written permission for self-administration of medication shall be kept in the child's file at the family foster home.
- (3) Self-administration of each medication shall follow the procedures specified in paragraph (b)(2).
- (4) Each child in foster care who is authorized to self-administer medication shall have access to the child's medication for self-administration purposes. The child shall have immediate access to

medication prescribed for a condition for which timely treatment is a life- preserving requirement. Each child with asthma, allergies, or any other life-threatening condition shall have immediate access to that child's own medication for emergency purposes. Each licensee shall ensure the safe storage of self-administered medication to prevent unauthorized access by others.

Compliance Guidance: Meeting the requirement to allow the child with specific conditions to have immediate access to the necessary medication and to ensure safe storage and unauthorized access may call for a separate locked box to which only the foster parent and that child have access.

- (5) The date and time that each medication was self-administered shall be recorded on the child's medication record. Any noted adverse reactions shall be documented. Each licensee shall review the record for accuracy and shall check the medication remaining in the container against the expected remaining doses.

(Authorized by and implementing K.S.A. 65-508; effective March 28, 2008)

K.A.R. 28-4-819. Health care.



Purpose: The health status of each individual living in the family foster home and/or providing care for children has a direct impact on the health and safety of children in care as well as on others in the home. Ensuring that each caregiver is physically, mentally, and emotionally healthy reduces the risk of harm to children in care.

Rationale: To ensure the safety and well-being of children in care so they are protected from the risk of harm.

Explanation: To ensure the health and safety of each child, it is critical that each child's medical record is accurate and complete and that the record stays with the child.

K.A.R. 28-4-819. Health care.

- (a) Infectious or contagious disease. Each individual residing in the family foster home shall be free from any infectious or contagious disease specified in K.A.R. 28-1-6.
- (b) Health of caregivers.
 - (1) Each caregiver shall be in a state of physical, mental, and emotional health, as necessary to protect the health, safety, and welfare of the children in foster care.
 - (2) No caregiver shall be in a state of impaired ability due to the use of alcohol or other chemicals, including prescription and nonprescription drugs.
 - (3) Each individual regularly caring for a child in foster care in the family foster home shall have a health assessment conducted by a physician with a current license to practice in Kansas or by a nurse with a current license to practice in Kansas who is approved to perform health assessments. Each health assessment shall be conducted no earlier than one year before the date of the initial application for a license, employment, or volunteering and no later than 30 days after the date of the initial application, employment, or volunteering. The results of each assessment shall be recorded on a form provided by the department.
 - (4) If a caregiver experiences a significant change in the caregiver's physical, mental, or emotional health, including indications of substance abuse, an assessment of the caregiver's current health status may be requested by the secretary or by the sponsoring child-placing agency.
 - (A) The assessment or evaluation shall be performed at the expense of the licensee or other caregiver and by a practitioner who is licensed or certified in Kansas to diagnose and treat the specific condition that is the basis for the assessment or evaluation.
 - (B) Each licensee shall ensure that at least one potential practitioner has been approved by the

requesting department or the sponsoring child-placing agency in order to have the assessment or evaluation accepted by the requesting department or child-placing agency.

- (C) Each licensee shall provide the requesting department or sponsoring child-placing agency with an executed release of medical information to enable the department or the child-placing agency to obtain information directly from the practitioner.

(c) Health of the foster family members.

- (1) Each individual living in the family foster home, other than the child in foster care, shall have a health assessment conducted by a physician with a current license to practice in Kansas or by a nurse with a current license to practice in Kansas who is approved to perform health assessments. Each assessment shall be conducted within one year before the date of application or the individual residing in the home and no later than 30 days after the date of the licensee's initial application or the individual becoming a resident of the home. The results of the health assessment shall be recorded on forms provided by the department.
- (2) Each child born to or adopted by the licensee who is less than 16 years of age and is living in the home shall have current immunizations. An exemption from this requirement shall be permitted only with one of the following:
 - (A) A written certification from a physician with a current license to practice in Kansas stating that the physical condition of the child is such that the immunization would endanger the child's life or health; or
 - (B) a written statement from the child's parent or legal guardian that the child is an adherent of a religious denomination whose teachings are opposed to immunizations.

(d) Medical and dental health of each child in foster care.

- (1) Each licensee shall ensure that emergency and ongoing medical and dental care is obtained for each child in foster care by providing timely access to basic, emergency, and specialized medical, mental health, and dental care and treatment services provided by qualified practitioners.
- (2) Each licensee shall ensure that, at the time of the initial placement, each child in foster care has had a health assessment conducted within the past year by a physician with a current license to practice in Kansas or by a nurse with a current license to practice in Kansas who is approved to conduct assessments.
- (3) A health assessment shall be obtained annually for each child in foster care who is less than six years of age and every two years for each child in foster care who is six years of age and older.
- (4) Each health assessment required in paragraphs (d)(2) and (3) shall be on file at the family foster home within 30 days after the child's placement in the home.
- (5) The immunizations for each child in foster care less than 16 years of age shall be current or in process at the time the license is issued. An exemption from this requirement shall be permitted only with one of the following:
 - (A) A written certification from a physician with a license to practice in Kansas stating that the physical condition of the child is such that the immunization would endanger the child's life or health; or
 - (B) a written statement from the child's parent or legal guardian that the child is an adherent of a religious denomination whose teachings are opposed to immunizations.
- (6) An annual dental examination shall be obtained for each child in foster care who is three years of

age or older. Follow-up care shall be provided. The child's dental record shall be recorded on forms provided by the department and shall be kept current.

- (7) The medical information record for each child in foster care shall be kept current and shall document each illness, the action taken by the licensee, and the date of the child's medical, psychological, or dental care. When the child leaves the family foster home, the licensee shall ensure that the record, including the health assessments, dental records, medication administration record, immunization record, medical and surgical consent forms, and emergency medical treatment authorization, is given to the child's child-placing agent.

FAQ: Do foster parents have to document each time a child in foster care attends a therapy appointment? K.A.R. 28-4-819(d)(7).

Yes; it must be logged in the child's medical record.

FAQ: Do CPAs have to inform foster parents if a child in foster care is HIV+? K.A.R. 28-4-819(d).

Yes, if the CPA is aware of the diagnosis. Foster parents must be made aware as soon as possible of any known medical condition for a child in foster care so as to ensure that appropriate medical care is provided. This does not mean that every child in foster care will have been tested for HIV. Some children and adults may unknowingly be infected with HIV, or other infectious diseases, many of which are contagious before the person has symptoms. For this reason and for everyone's protection, Universal Precautions should always be followed when there is potential contact with body fluids.

(e) Tuberculin testing.

- (1) Each individual 16 years of age and older living, working, or regularly volunteering in the family foster home and each child in foster care 16 years of age and older shall be required to have a record of a negative tuberculin test or X-ray obtained not more than two years before the employment or initial application for a license or shall obtain the required record no later than 30 days after the date of employment, initial application, or becoming a resident of or volunteer in the home.
- (2) Additional tuberculin testing shall be required if significant exposure to an active case of tuberculosis occurs or if symptoms compatible with tuberculosis develop. Proper treatment or prophylaxis shall be instituted, and the results of the follow-up shall be recorded on the individual's health record. The department shall be informed of each occurrence described within this paragraph.

Compliance Guidance: definition of prophylaxis: preventive treatment.

FAQ: Is a new health assessment and TB test required for foster family members when they move to a new home? K.A.R. 28-4-819(b),(c) and (e).

No, a new health assessment and TB test would not be required as long as there is not a lapse between licensure at the former address and the application for licensure at the new address.

- (3) The results of each tuberculin test shall be recorded on, or attached to, the health assessment form and kept on file at the family foster home. Each licensee shall report any positive tuberculin skin test to the department's TB control program by the next working day.
- (4) A child in foster care less than 16 years of age shall not be required to have tuberculin tests unless the child has been recently exposed to tuberculosis or exhibits symptoms compatible with tuberculosis.

FAQ: When there is a move, are foster parents required to get a new health assessment and TB skin test?

A new health assessment and TB skin test is not required when a foster parent moves, providing they have a current health assessment and TB test on file. If a caregiver experiences a significant change in physical, mental or emotional health, including indications of substance abuse, K.A.R. 28-4-819(b)(4) allows DCF and/or the CPA to request “an assessment of the caregiver’s current health status”.

(f) Tobacco use limitations.

- (1) To prevent exposure of a child in foster care to secondhand smoke, each licensee shall ensure that both of the following conditions are met:
 - (A) Smoking is prohibited inside the family foster home when a child in foster care is in placement, whether the child is physically present on the premises or not.
 - (B) Smoking by any member of the foster family is prohibited outside the family foster home within 10 feet of a child in foster care.

FAQ: Is smoking allowed in an unattached garage? Attached garage? Porch or deck? Enclosed porch? K.A.R. 28-4-819(f).

An attached garage, enclosed porch and an enclosed breezeway are considered part of the structure of the house and, therefore, smoking in those areas is prohibited. However, smoking is not prohibited in an unattached garage, an open breezeway, or on an open porch or deck provided the individual who is smoking is at least 10 feet from a child in care.

FAQ: Is it possible to get an exception approved to allow smoking inside the family foster home if the children in care’s parents sign a letter that they give permission?

K.A.R. 28-4-819(f)(1)(A).

No.

- (2) Each licensee shall prohibit smoking and the use of any other tobacco product by a child in foster care less than 18 years of age.

Compliance Guidance: DCF has determined that electronic cigarettes in family foster homes must be inaccessible to individuals less than 18 years of age in accord with K.A.R. 28-4-820(h)(4) and that their use by a child in care less than 18 years of age must be prohibited pursuant to K.A.R.28-4-819(f)(2). Because of the negative effects, if any, of second hand vapors are not yet known, DCF strongly recommends electronic cigarettes not be used in vehicles or inside the family foster home. If used outside the family foster home and vehicles, DCF strongly recommends electronic cigarettes not be used within 10 feet of a child in care.

(g) Handwashing.

- (1) Each caregiver shall wash the caregiver’s hands with soap and water before preparing food, before eating, after toileting, after petting animals, and after diapering or changing soiled clothing.
- (2) Each caregiver shall encourage each child in the family foster home to wash the child’s hands with soap and water before and after eating, after petting an animal, and after toileting.

(Authorized by K.S.A. 65-508; implementing K.S.A. 65-507 and 65-508; effective March 28, 2008.)

K.A.R. 28-4-820. General environmental requirements.



Purpose: To provide requirements for arranging the foster home's environment to meet the needs of children in care.

Rationale: To ensure the safety and well-being of children in care.

Explanation: The regulatory basis of in the general environmental requirements is safeguarding children. Children must be protected from health and safety risks to provide assurance of quality of child care.

K.A.R. 28-4-820. General environmental requirements. Each licensee shall ensure that all of the requirements in this regulation are met.

- (a) Local requirements. Each family foster home shall meet the legal requirements of the community as to zoning, fire protection, water supply, and sewage disposal.
- (b) Sewage disposal. If a private sewage disposal system is used, the system shall meet the requirements specified in K.A.R. 28-4-55.
- (c) Use of private water supply. If a private water system is used, the system shall meet the requirements specified in K.A.R. 28-4-50. The water supply shall be safe for human consumption. Testing of the water supply shall be completed at the time of initial licensing and annually thereafter to document the nitrate and bacteria levels. Additional testing may be required if there is a change in environmental conditions that could affect the integrity of the water supply. If children less than 12 months of age receive care in a family foster home that uses private well water, then commercially bottled drinking water shall be used for these children until a laboratory test confirms the nitrate content is not more than 10 milligrams per liter (10 mg/l) as nitrogen.

Compliance Guidance: Testing is the only way to detect nitrate because it is tasteless, odorless and colorless. Nitrate and bacteria testing is required at least annually for all private water supplies for human use. More frequent water testing is required if there is a change in the environmental conditions such as flooding that have affected the private water supply. Choose a laboratory certified for nitrate from the K-State Research and Extension publication "Testing to Help Ensure Safe Drinking Water, MF-951.

- (d) Family foster home structural and furnishing requirements. The family foster home shall be constructed, arranged, and maintained to provide for the health, safety, and welfare of all occupants and shall meet the following requirements:

Compliance Guidance: In addition to the rest of the structural, maintenance and arrangement components of the family foster home, the wall, roof, and foundation must be structurally sound, weather and water tight and finished to control mold, dust and entry of pests which may sting, bite or carry disease. The floor, wall and ceiling need must be structurally sound and finished to control exposure to levels of toxic fumes, dust, mold, ventilation, moisture, temperature extremes, heating, lighting or noise deemed hazardous by local health authorities.

- (1) The home shall contain sufficient furnishings and equipment to accommodate both the foster family and each child in foster care.
- (2) The floors shall be covered, painted, or sealed in all living areas of the home, kept clean, and maintained in good repair.
- (3) The interior finish of all ceilings, stairs, and hallways shall meet generally accepted standards of building, including safety requirements.
- (4) Each closet door shall be designed to be opened from the inside and shall be readily opened by a child.
- (5) Each stairway with two or more stairs and a landing shall have a handrail and be guarded on each side if there is a drop-off of more than 21 inches from the stairs or landing to the floor or ground.
- (6) If any stairway is guarded by balusters and the family foster home is or is intended to be licensed for children in foster care less than six years of age, the space between balusters shall not exceed four inches, except as specified in this paragraph. If the space between balusters exceeds four inches, the licensee shall make provisions necessary to prevent a child's head from becoming entrapped in the balusters or a child's body from falling through the balusters or becoming entrapped in them.

FAQ: Do baluster width requirements on stairways apply inside and outdoors?
K.A.R. 28-4-820(d)(6).

Yes

- (7) When a child in foster care less than three years of age is present, each stairway with two or more stairs and a landing shall be gated to prevent unsupervised access by the child. Each gate shall have a latching device that an adult can open readily in an emergency. Accordion gates shall be prohibited throughout the premises, and pressure gates shall be prohibited for use at the top of any stairway.

FAQ: Are all accordion gates prohibited, or just those that do not meet the Juvenile Products Manufacturers Association (JPMA) specifications? **K.A.R. 28-4-820(d)(7).**

The regulation prohibits the use of **all** accordion gates.

- (8) If the family foster home is or is intended to be licensed for children in foster care less than six years of age, each electrical outlet shall be covered.
- (9) At least one bathroom in the family foster home shall have at least one sink, one flush toilet, and one tub or shower. All fixtures shall be working at all times.
- (10) Each bathroom shall have a solid door that affords privacy to the occupant and that can be opened from each side without the use of a key in case of an emergency.

FAQ: Does the requirement for each bathroom door to be able to be opened from each side without the use of a key, mean a handle with NO lock (some handles can be opened with a small screwdriver, or by sticking a pin in a little hole, etc.) Is the expectation that all handles with any type of lock will be removed and replaced by October 1, 2008?

K.A.R. 28-4-820(d)(10).

“Key” refers to an actual key. Door handles with push-button locks that can be unlocked with another type of device such as a pin are acceptable.

FAQ: Are pocket doors acceptable as a “solid door”? K.A.R. 28-4-820(d)(10).

Yes, a **solid** pocket door is acceptable.

- (11) A working telephone shall be on the premises and available for use at all times. Emergency telephone numbers shall be readily accessible or be posted next to the telephone for the police, fire department, ambulance, hospital or hospitals, and poison control center. The name, address, and telephone number of the primary care physician used for each child in foster care shall be posted next to the telephone or readily accessible in case of an emergency.

FAQ: Can the required telephone in the home be a cell phone? K.A.R. 820 (d)(12).

Yes, a working cell phone meets the requirement provided the phone is kept in a designated location in the home and is available in the home for use at all times.

- (12) A working smoke detector shall be centrally installed on each level of the home and in each room used for sleeping by a child in foster care and by the licensee.

FAQ: Are bedrooms for others in the family foster home besides the children in care and the foster parents, required to have smoke detectors? K.A.R. 28-4-820 (d)(13).

No; the requirement applies only to sleeping rooms used by children in care and by foster parents.

FAQ: If a family has heat detectors in their home, do they also need smoke detectors?

K.A.R. 28-4-820(d)(13).

Yes, the regulation specifically requires smoke detectors and there is no provision for a licensee to substitute heat detectors in order to meet that requirement.

- (13) One working carbon monoxide detector shall be installed according to the manufacturer’s instructions in an area adjacent to each room used for sleeping by a child in foster care and by the licensee.

Compliance Guidance: The carbon monoxide detector needs to be located close to each room used for sleeping.

FAQ: Can a combination smoke detector/carbon monoxide detector be used? K.A.R. 28-4-820(d)(13) and (14).

Yes, provided the device is installed according to the manufacturer’s instructions and that it meets the requirements of the regulation in regard to placement for both the smoke detector and the carbon monoxide detector.

FAQ: If a home is entirely electric, is a carbon monoxide detector necessary? K.A.R. 28-4-820(d)(14).

Yes.

- (e) Cleanliness. The interior of the family foster home shall be free from accumulation of visible dirt, any evidence of vermin infestation, and any objects or materials that could cause injury to children in foster care.

(f) Lighting and ventilation.

- (1) All rooms used for living space shall be lighted, vented, heated, and plumbed pursuant to K.S.A. 65-508, and amendments thereto.
- (2) Each window and door used for ventilation shall be screened to minimize the entry of insects.

Compliance Guidance: Air circulation is essential to clear infectious disease agents, odors, and toxic substances in the air. Airflow can be adjusted by using fans and open windows.

- (3) The family foster home shall have lighting of at least 10 foot-candles in all parts of each room, within each living area of the home. There shall be lighting of at least 30 foot-candles in each area used for reading, study, or other close work.

Compliance Guidance: A foot-candle is how bright the light is at one foot away from the source.

(g) Firearms and other weapons.

- (1) No child in the home shall have unsupervised access to any of the following:
 - (A) Firearms, ammunition, and other weapons;
 - (B) air-powered guns, including BB guns, pellet guns, and paint ball guns;
 - (C) hunting and fishing knives; and
 - (D) any archery and martial arts equipment.
- (2) All firearms, including air-powered guns, BB guns, pellet guns, and paint ball guns, shall be stored unloaded in a locked container, closet, or cabinet. If the locked container, closet, or cabinet is constructed in whole or in part of glass or Plexiglas, each firearm shall be additionally secured with a hammer lock, barrel lock, or trigger guard.
- (3) Ammunition shall be kept in a separate locked storage container or locked compartment designed for that purpose.
- (4) All archery equipment, hunting and fishing knives, and other weapons shall be kept in a locked storage compartment.
- (5) Each key to a locked storage container, closet, or compartment of guns, ammunition, and other weapons, and to gun locks shall be in the control of a licensee at all times.

FAQ: How does the Kansas Concealed Carry Law work with foster parents; are they allowed to carry a concealed weapon? K.A.R. 28-4-820(g).

Yes, if they have a valid permit, foster parents are allowed to carry a concealed weapon just as they are allowed to carry and use firearms that are not concealed. However, ***within*** the family foster home the foster parent must abide by K.A.R. 28-4-820(g) regarding firearms and other weapons. That is to say, no child in the home may have ***unsupervised access*** to the weapon and, ***when not concealed on the person, the weapon must be stored*** in accord with the requirements set forth in subparagraphs (2) and (3) of the regulation. When foster parents want to prohibit others from carrying concealed weapons in foster homes, they must post their property as provided in the personal and family protection act, K.S.A. 75- 7c01 through 75-7c26.

- (h) Storage of household chemicals, personal care products, tools, and sharp instruments. The following requirements shall apply when a child in foster care is in placement in the family foster home:

- (1) All household cleaning supplies and all personal care products that have warning labels advising the consumer to keep those supplies and products out of reach of children or that contain alcohol shall be kept in locked storage or stored out of reach of children less than six years of age.

FAQ: Can chemicals or cleaning supplies be kept in a cabinet with a child proof lock? K.A.R. 28-4-820(h)(1) and (2). Can plastic doorknob covers be considered a lock?

The answer to this question is dependent upon the ages and abilities of children living in the home and the ages for which a family foster home is licensed. Child-proof locks and/or doorknob covers would only be considered an appropriate locking device when the age range on the license is limited to younger children and none of the children living and/or placed in the home are capable of opening the lock.

What about a high cabinet with a child-proof lock?

In addition to the above considerations, determining whether or not a high cabinet with a child-proof lock is appropriate includes an assessment of the climbing and reasoning abilities of the children living and/or placed in the home. If the child is able to climb to the cabinet or is capable of opening a child proof lock, storage in such a manner does not comply with the regulation.

- (2) All chemicals and household supplies with warning labels advising the consumer to keep those chemicals and supplies out of reach of children shall be kept in locked storage or stored out of reach of children less than 10 years of age.
- (3) Sharp instruments shall be stored in drawers equipped with childproof devices to prevent access by children or stored out of reach of children less than six years of age.
- (4) Tobacco, tobacco products, cigarette lighters, and matches shall be inaccessible to individuals less than 18 years of age.
- (5) Tools shall be inaccessible to each child in foster care when the tools are not in use and shall be used by a child in foster care only with supervision by an individual 18 years of age and older.

FAQ: Do lawnmowers have to be locked up if a family foster home is licensed for birth to 10 years? K.A.R. 28-4-820(h)(5).

No. A lawnmower is considered a tool and is required to be made inaccessible to each child in care. Dependent upon the specific circumstances, a safety plan might be required. (i) Heating appliances.

- (1) Each heating appliance using combustible fuel, including a wood-burning stove or a fireplace, shall be vented to the outside.
- (2) Each fireplace and each freestanding heating appliance using combustible fuel, including a wood-burning stove, shall stand on a noncombustible material according to the manufacturer's specifications, state statutes, and local ordinances.
- (3) Each heating appliance designed by the manufacturer to be unvented shall be used according to the manufacturer's specifications, state statutes, and local ordinances.
- (4) If a child in foster care less than three years of age is in placement in the family foster home, a protective barrier shall be provided for each fireplace and each freestanding heating appliance as necessary to protect from burns.

FAQ: Will doors attached to a fireplace suffice in regard to a protective barrier? K.A.R. 28-4-820(i)(4).

Doors attached to a fireplace are sufficient provided they are heat-resistant.

- (5) If a propane heater is used, the heater shall be installed in accordance with the manufacturer's recommendations, Kansas statutes and regulations, and local ordinances.
- (6) Each flue or chimney of any heating appliance that uses combustible fuel shall be checked annually and cleaned as recommended by a qualified chimney sweep.

FAQ: Does a gas-burning fireplace have to be cleaned? K.A.R. 28-4-820(i)(6).

Yes, as recommended by the manufacturer's instructions.

What if the fireplace will not be used?

If the fire place will not be used the applicant/licensee may be asked by the CPA to sign a statement that there is no intention of the fireplace being used. The statement also needs to include a provision that if the circumstances change, the fireplace would be cleaned prior to use.

- (j) Clothes dryers. Each clothes dryer shall be vented to the outside or to a venting device installed and used according to the manufacturer's specifications, Kansas statutes and regulations, and local ordinances.
- (k) Play space. Each family foster home shall have a space for indoor play and access to an outdoor play space.
- (l) Mobile home requirements. In addition to requirements specified in this regulation, if the family foster home is a mobile home, both of the following requirements shall be met:
 - (1) The mobile home shall have two exits that are located at least 20 feet apart, with one exit within 35 feet of each bedroom door.
 - (2) Each mobile home shall be skirted with latticed or solid skirting and securely anchored by cable to the ground.
- (m) Special inspections. A special inspection of the family foster home by a fire, health, sanitation, or safety official may be required by the secretary or the sponsoring child-placing agency to assist in making a decision about the safety of the home for a child in foster care.

Compliance Guidance: There are many environmental issues that impact human health. The child- placing agency or DCF surveyor may require inspection by one of the environmental health specialists listed if there are concerns such as exposure to mold, lead paint, or asbestos or if it appears a private sewage system is not functioning properly.

(Authorized by and implementing K.S.A. 2012 Supp. 65-508; effective March 28, 2008; amended Sept. 6, 2013.)

K.A.R. 28-4-821. Sleeping arrangements.



Purpose: Children in care will sleep in safe and comfortable bedrooms with appropriate furnishings to meet their basic needs.

Rationale: The safety and well-being of children in care will be ensured, and the children will be protected from possible harm, especially in the event of an emergency.

Explanation: Children in care will sleep in rooms that meet regulatory compliance.

K.A.R. 28-4-821. Sleeping arrangements.

- (a) Each licensee shall ensure that sufficient space for sleeping is provided to accommodate the number of foster family members and each child in foster care. Sleeping space shall not include any of the following places:
- (1) An unfinished attic;
 - (2) an unfinished basement; (3) a hall;
 - (4) a closet;
 - (5) a laundry room; (6) a garage;
 - (7) any living space that is normally used for other than sleeping arrangements; or
 - (8) any room that provides routine passage to a common use room, to another bedroom, or to the outdoors.
- (b) Each licensee shall ensure that each bedroom used for sleeping by a child in foster care meets the following requirements:

Compliance Guidance: This regulation applies only to bedrooms used by a child in foster care and does not include bedrooms used by the foster parents or their biological children or grandchildren. Family members of the licensee may sleep in a room that does not meet the regulation requirements for space or have a window, in accordance with their sponsoring agency's policy.

- (1) Each bedroom shall have at least 70 square feet.
- (2) Each bedroom shall have at least 45 square feet for each individual sharing the room.

FAQ: For short-term respite care, is square footage NOT a factor as long as each child has an individual (permanent or temporary) bed? K.A.R. 28-4-812(b) and K.A.R. 28-4-821(b)(1) and (2).

Square footage requirements apply to bedrooms for children in foster care who are in placement at the family foster home. The requirements do not apply to short-term respite care.

- (3) The exit path from each bed to each outside exit shall have a minimum ceiling height of six feet eight inches.

Compliance Guidance: If a bedroom has a sloped ceiling or a low ceiling, the bed must be placed so that the exit path from the bed to the door and to the window is at least 6'8" high.

- (4) Each bedroom shall have a solid door to ensure privacy.

FAQ: Are pocket doors acceptable as a "solid door"? K.A.R. 28-4-821(b)(4).

Yes, a **solid** pocket door is acceptable.

FAQ: Can a bedroom have a French door (with windows) covered by a curtain for privacy? K.A.R. 28-4-821(b)(4).

Yes.

- (5) Each bedroom shall have at least two means of escape. Each means of escape shall be easily opened from the inside.
 - (A) At least one means of escape shall be an unobstructed pathway leading to an exit door to the outside.
 - (B) The second means of escape shall give direct access to the outside and shall be an unobstructed door or window that is able to be opened from the inside without the use of tools.
 - (C) For each window used as a means of escape, all of the following requirements shall be met:
 - (i) The window shall have a width of at least 20 inches and a height of at least 24 inches.
 - (ii) The window shall be within 44 inches of the floor or shall have permanent steps or another immovable fixture that brings the window to within 44 inches of the top of the steps or fixture.
 - (iii) If the window is screened, the screen shall be easily removed from the inside.
 - (iv) The licensee shall ensure that each occupant of the bedroom can easily exit through the window.
 - (D) If one means of escape is a sliding glass door, the door shall be easily opened from the inside.

Compliance Guidance: The bedroom for a child in care must have no obstruction or barriers that prevent escape through the window. There cannot be barriers on the inside or outside, including, but not limited to, bushes or shrubbery, which prevent a child's escape from a basement window. When a child in care is sleeping in a basement bedroom, windows must meet minimum requirements.

- (6) All false ceilings, curtains, drapes, or fabric used in decoration for ceilings or walls in each room used for sleeping shall be made of fire-rated materials.

- (c) Privacy for the occupants of all bedrooms shall be ensured.
- (d) Each child in foster care shall have a separate bed or crib that meets the following requirements:
 - (1) Is intact, fully functional, and in good repair to prevent injury or entrapment of the child; (2) is of sufficient size to accommodate the size and weight of the child;
 - (3) has a mattress that is clean and has a waterproof covering, if needed; and
 - (4) has bedding adequate to the season and appropriate to the age of the child. (e) Each bed that requires bed springs shall have springs in good condition.
- (f) If a bunk bed is used by any child in foster care, the following requirements shall be met:
 - (1) The upper bunk shall be protected on all sides with rails. Headboards and footboards may substitute for rails on the ends of the bed.
 - (2) Each child in foster care using the upper bunk shall be at least six years of age.

FAQ: If the top bunk of a bunk bed is not being used (i.e. only one youth sleeps in the room) or if it is just being used for teens, does it still have to have a rail? K.A.R. 28-4-821(f).

Regardless of the ages and number of children in care, the top bunk requires rails on all sides if it is used for a child in care.

- (f) No rollaway bed, hideaway bed, or other temporary bed shall be used, except when children in foster care are visiting in the family foster home for a social event or for short-term respite care.

Compliance Guidance: When a child in care is visiting in the foster home for a social event or is placed in short term respite care, which is less than 24 hours in a week, temporary bedding including a roll-away bed, futon, cot, or an inflatable mattress may be used for a child in care to sleep on in an approved sleeping room.

FAQ: Are trundle beds considered to be a permanent or temporary bed? K.A.R. 28-4-821(g).

Trundle beds are considered to be temporary beds.

Does a bed have to have a frame?

To be considered a permanent bed, the bed it must have a frame.

- (h) Each child in foster care less than 12 months of age shall sleep in a crib. For the purposes of a nap, the child may sleep in a playpen. Each crib and each playpen shall meet the following requirements:
 - (1) If a crib or playpen is slatted, the slats shall be spaced no more than 2 3/8 inches apart.
 - (2) Each crib shall have a firm mattress fitted so that no more than two fingers can fit between the mattress and the crib side when the mattress is set in the lowest position.
 - (3) The crib corner post extensions shall not exceed 1 1/16 inch.
 - (4) When the crib is in use, the drop side of the crib shall be secured in the up position.
 - (5) No pillow, quilt, comforter, blanket, bumpers, or other soft product that could cause suffocation shall be used in the crib or the playpen when a child who is less than 12 months of age is sleeping in the crib or playpen.

Compliance Guidance: Refer to Appendix for a link for additional safe sleep information.

FAQ: Is it acceptable to use mesh crib surrounds in place of bumpers in a crib?

The American Academy of Pediatrics has advised that these are not safer than bumpers. Based on this information, mesh crib surrounds are not considered compliance with K.A.R. 28-4-821(h)(5).

- (i) Each child in foster care who is less than 12 months of age shall be put to sleep on the child's back unless ordered otherwise by the child's physician. If the child in foster care is able to turn over independently, that child shall be placed on the child's back but then shall be allowed to remain in a position preferred by the child.

Compliance Guidance: A baby in care may only be placed to sleep in a position other than on the back if the position is ordered by his/her doctor. Ensure that you have the documentation from the physician on file in your home.

- (j) Each child in foster care 12 months and older may sleep in a crib until the child is 18 months of age or until the child is of such height that the upper rail of the crib is at the child's breast level when the child is standing and the crib mattress is at the lowest level.
- (k) Each child in foster care 18 months but not yet 30 months of age may sleep in a crib when prescribed by that child's physician.

Compliance Guidance: Ensure that you have the documentation from the physician on file in your home.

- (l) At night each caregiver shall sleep within hearing distance of the child in foster care.

Compliance Guidance: The use of baby monitors satisfies the requirement for a caregiver to sleep within hearing distance at night. Caregivers may also use intercom systems in the house or monitor through the telephone, alarms on a window or door, or motion sensors for older children who may present a risk of running away, self-harm, sexual acting out or other high risk behaviors. All forms of audio-visual equipment that allow for hearing and/or observing a child must be used in accord with the sponsoring child-placing agency's policy.

FAQ: Is the requirement for the caregiver to sleep within hearing distance for a specific age-range or does it apply to all children in care? K.A.R. 28-4-821 (l); p. 66.

The requirement as written, applies to all children in care.

- *Can a baby monitor be used in place of the rooms being physically close enough to be in "hearing distance?" For example, if foster parents sleep on main floor and children in care sleep in the basement, they may not be within hearing distance.*

Baby monitors may be used to meet this requirement. However, when determining adequacy of sleeping arrangements, a factor for consideration is that baby monitors are typically intended for use with infants and/or toddlers (less than 2 ½ years of age) as a supplement to, not a replacement for the caregiver's accessibility and proximity to the child.

- *Is there an age-limit for when baby monitors can no longer be used?*

There is not a specific age at which baby monitors may no longer be used to meet this requirement. **However, the use of baby monitors for older children is not consistent with typical family practices. The intent behind the requirement is in reference to supervision and is not intended as an invasion of privacy. If there is a concern that an older child is not within hearing distance, the foster parent and CPA should work together to determine the adequacy of the sleeping arrangements given the specific issues for that child.**

- (m) When any child in foster care five years of age or older shares a room, the following requirements shall be met:
 - (1) The child shall share the room only with children of the same sex.
 - (2) The children sharing the room shall be age-mates, unless the following requirements have been met:
 - (A) The licensee shall notify the family foster home's sponsoring child-placing agency of the proposed sleeping arrangement.
 - (B) The licensee shall request that the sponsoring child-placing agency and the child's placing agent determine if the proposed sleeping arrangement is appropriate.
 - (C) The licensee shall maintain documentation of the approval of the sponsoring child-placing agency for the sleeping arrangement.

Compliance Guidance: If a child in care is to share a room with another child who is more than 3 years age difference, the foster family's sponsoring agency and the child's placing agency must be notified and participate in assessing and determining if the proposed sleeping arrangement is appropriate. The sponsoring child-placing agency staff and the child's case manager must approve the proposed sleeping arrangement. The sponsoring child-placing agency must document all situations in which an exceptional sleeping arrangement is approved. Examples of proper exceptional sleeping arrangements may include same sex siblings or children of similar developmental ages sharing a bedroom. A copy of this written approval must be kept in the foster family's file on the premises.

- (3) A child who is known to be a sexual perpetrator or a sexual abuse victim shall not share a room until the following conditions are met:
 - (A) The potential roommate arrangements are assessed by the child's placing agent, the home's sponsoring child-placing agency, and the licensee; and
 - (B) based on the assessment, a determination is made by the child's placing agency that it is unlikely that further sexual abuse will result from the child sharing a room.
- (n) If any child in foster care under five years of age shares a room with any other child, all of the children sharing the room shall be age-mates or shall be under five years of age. The children sharing the room may be of the opposite sex if all of the children are under five years of age.
- (o) A child in foster care who is a parent may share a room with the parent's own child or children. The room shall meet the requirements in paragraph (b) (2).
- (p) A child in foster care may sleep in the bedroom of the licensee under any of the following circumstances:
 - (1) The child in foster care is less than 12 months of age.
 - (2) The child in foster care is ill.
 - (3) The child in foster care has special developmental or medical needs requiring close supervision as documented by a physician.

Compliance Guidance: Children in care may only share a bedroom with the foster parents if the child is less than 12 months old, is ill, or has a written statement from the child's physician recommending the child share a room due to developmental or medical needs. A copy of the written statement from the child's physician must be kept on file in the family foster home.

- (q) If a child in foster care sleeps in the licensee's bedroom, the bedroom shall have at least 130 square feet.
- (r) Each licensee shall ensure that separate and accessible drawer space for personal belongings and closet space for clothing are available for each child in foster care.

FAQ: Does each closet for use by a child in care have to be in the child's bedroom or is it okay if the closet is across the hall? K.A.R. 28-4-821(p).

A closet located across the hall is acceptable as long as it accessible to the child in foster care.

(Authorized by and implementing K.S.A. 2012 Supp. 65-508; effective March 28, 2008; amended Sept. 6, 2013.)

K.A.R. 28-4-822. Safety procedures; emergency plan; drills.



Purpose: Preplanning for the safety for each family member allows for an appropriate response to a crisis.

Rationale: To ensure the safety and wellbeing of children in care to reduce the risk of harm.

Explanation: Development of safety procedures and practice of emergency plans combined with proper education enhance the probability of safety and injury prevention for each family member who participates.

K.A.R. 28-4-822. Safety procedures; emergency plan; drills.

- (a) Each licensee shall make the following preparations for emergencies:
 - (1) Each licensee shall ensure that a telephone and emergency information are available as specified in K.A.R. 28-4-820.
 - (2) Each licensee shall develop an emergency plan for the family foster home to provide for the safety of all residents of the home in emergencies including fires, tornadoes, storms, floods, and serious injuries.
 - (3) Each emergency plan shall be posted in a conspicuous place in the family foster home. (4) Each licensee and each individual providing care in the family foster home shall be informed of and shall follow the emergency plan.
- (b) Each licensee shall ensure that prior arrangements are made at a hospital or clinic for emergency treatment for each child in foster care and shall ensure that all medical and surgical consent forms are acceptable to the hospital or clinic.

FAQ: What is meant by "Prior arrangements are made at a hospital or clinic for emergency treatment"? KAR 28-4-822(b).

Refer to your CPA worker regarding local emergency treatment procedures.

- (c) If the child in foster care is taken to the hospital or clinic for emergency treatment, each licensee shall ensure that the child's health assessment forms and the medical and surgical consent forms are taken to the hospital or clinic.
- (d) If a caregiver accompanies a child in foster care to the source of emergency care, that caregiver shall remain with the child. Each licensee shall ensure that an arrangement is made and followed to ensure supervision of the other children in the family foster home if a child requires emergency care.
- (e) Each licensee shall ensure that a fire drill is conducted monthly and that the drills are scheduled to allow participation by each family member and child in foster care. The date and time of each drill shall be recorded and kept on file in the family foster home.
- (f) Each licensee shall ensure that a tornado drill is conducted monthly during April through

September and that the drill is scheduled to allow participation by each resident of the family foster home. The date and time of each drill shall be recorded and kept on file in the family foster home.

(Authorized by and implementing K.S.A. 65-508; effective March 28, 2008.)

K.A.R. 28-4-823. Outside premises.

Purpose: To provide children in care an outdoor play space that is safe and free from hazards, objects and materials that are a danger to the health and safety of children and to provide supervision that reduces the risk of injury to children.

Rationale: To help ensure proper supervision, protection, and prevention of injuries to children.

Explanation: Children in care need outdoor play space to assist in their gross motor skill development. The play space needs to be supervised, arranged and maintained to assure the safety of the children.

K.A.R. 28-4-823. Outside premises.

Each licensee shall ensure that all of the following requirements are met:

- (a) General safety.
 - (1) The outside premises of the home shall be free from any objects, materials, and conditions that constitute a danger to the health or safety of each child in foster care.
 - (2) No child less than six years of age shall have unsupervised access to either of the following:
 - (A) A fish pond or a decorative pool containing water 24 inches deep or less; or
 - (B) any safety hazard specified in subsection (d). (b) Outdoor play area.
 - (1) The play area shall be located, arranged, and maintained to allow for supervision by the caregiver and to reduce the risk of injury.
 - (2) The play area shall be well drained and free of known health, safety, and environmental hazards.
 - (3) Play equipment shall be located in an area free from hazards, be age-appropriate, and be in good repair. The play equipment shall be placed far enough away from potential hazards, including trees, structures, fences, and power lines, to minimize the risk of injury while the play equipment is in use. Equipment that is broken, hazardous, or unsafe shall not be used. Swings and climbing equipment shall be anchored and shall not be used over hard-surfaced materials, including asphalt, concrete, and bare, hard-packed dirt.
- (c) Trampolines. Trampolines shall be prohibited on the premises of the family foster home. (d) Protection from safety hazards.
 - (1) Each licensee shall ensure that each child in foster care is protected from all safety hazards adjacent to or within 50 yards of the house, as follows:
 - (A) A busy street;
 - (B) railroad tracks; or
 - (C) a water hazard, including a ditch, a pond, a lake, and any standing water over 24 inches deep.
 - (2) The licensee shall develop and follow a written outdoor safety plan before a child in foster care is

allowed to be outdoors in an unfenced area of the family foster home. The plan shall be approved by the sponsoring child-placing agency and shall include all of the following:

- (A) A description of any safety hazard and of any natural or man-made barrier separating the area from the safety hazard;
- (B) the approximate distance from the unfenced area to each safety hazard;
- (C) a description of the provisions made for increased supervision; and
- (D) a requirement for a caregiver to be outdoors with each child in foster care less than six years of age.

FAQ: Do we need to have an outdoor safety plan for our front yard if we live on a busy street? K.A.R. 28-4-823(d).

Yes; anytime a child will be allowed outdoors in an unfenced area of the family foster home a safety plan is required. The safety plan must address the busy street because it is considered a safety hazard.

(Authorized by and implementing K.S.A. 65-508; effective March 28, 2008.)

K.A.R. 28-4-824. Swimming pools, wading pools, and hot tubs; off-premises swimming and wading activities.

Purpose: To protect children in care where water recreation is available or allowed.

Rationale: To ensure the safety of children in care in relation to swimming activities and access to swimming pools, hot tubs, and other ponds and lakes used for swimming and boating so they are protected from the risk of harm.

Explanation: The individual requirements in each section reflect the recommendations from the American Academy of Pediatrics, Safe Kids Coalition, and the Consumer Products Safety Commission regarding swimming pools and keeping children safe.

K.A.R. 28-4-824. Swimming pools, wading pools, and hot tubs; off-premises swimming and wading activities.

(a) General safety on the premises of the family foster home.

- (1) If any swimming pool or wading pool with water over 12 inches deep or any hot tub is on the premises, the pool or tub shall be constructed, maintained, and used in such a manner that safeguards the lives and health of the children in foster care.
- (2) If children in foster care have access to a swimming pool, wading pool, or hot tub, at least one adult shall be physically present and shall directly supervise the children. A minimum ratio of one adult to six children, including children in foster care, shall be maintained.
- (3) Each licensee shall post legible safety rules for the use of a swimming pool or hot tub in a conspicuous location. If the pool or hot tub is available for use, the licensee shall read and review the safety rules weekly with each child in foster care.

Compliance Guidance: Each foster parent shall develop safety rules related to swimming pool and hot tub safety.

Suggestions for rules to be included are:

- a. No running on the pool deck or near the pool.
- b. No dunking other children or rough horse play.
- c. No diving in a pool that is not deep enough (a depth of less than 9 ft. is usually not deep enough).
- d. No electrical appliances near the pool.
- e. No riding toys at poolside.
- f. Remove toys from the pool when not in use so children are not tempted to attempt to retrieve a ball or other toy.
- g. No climbing on pool fences or gates.
- h. No entering the pool area or swimming without an adult to supervise. i. No glass near the pool.

(b) Swimming pools on the premises.

- (1) Each in-ground swimming pool shall be enclosed by a fence at least five feet high. Each gate in the fence shall be kept locked and shall be self-locking. The wall of a house or other building containing a window designed to open or a door shall not be used in lieu of a fence.

- (2) Each aboveground swimming pool shall be at least four feet high or shall be enclosed by a fence at least five feet high with a gate that is kept closed and is self-locking. Steps shall be removed and stored away from the pool when the pool is not in use. Each aboveground pool with a deck or berm that provides a ground-level entry on any side shall be treated as an in-ground pool.

FAQ: What should I do if I have a 2-3 foot inflatable pool that cannot be drained daily and only used in the summer?

It needs to have a fence per the above regulation.

- (3) Sensors or pool covers shall not be used in lieu of a fence.
 - (4) The pH of the water in the swimming pool shall be maintained between 7.2 and 8.2. The available chlorine content shall be between 0.4 and 3.0 parts per million. The pool shall be cleaned daily, and the chlorine level and pH level shall be tested before each use. The results of these tests shall be recorded and available if requested.
 - (5) An individual with a life-saving certificate or an individual with training in CPR who can swim shall be in attendance while any child in foster care is using a swimming pool.
 - (6) Each swimming pool more than six feet in width, length, or diameter shall be provided with a ring buoy and rope or with a shepherd's hook. The equipment shall be of sufficient length to reach the center of the pool from each edge of the pool.
- (c) Wading pools on the premises.
- (1) No child in foster care shall be permitted to play without adult supervision in any area where there is a wading pool containing water.
 - (2) The water in each wading pool shall be emptied daily.
- (d) Hot tubs on the premises.
- (1) Each hot tub shall be covered when not in use with an insulated, rigid cover secured by locks or surrounded by a fence that meets the requirements of paragraph (b)(1).
 - (2) The chlorine and pH levels shall be tested and maintained as required by the manufacturer's specifications for use.
 - (3) Each licensee shall ensure that no child in foster care less than four years of age uses a hot tub. Each licensee shall ensure that each child in foster care four years of age and older is permitted to use the hot tub only in accordance with the manufacturer's specifications and recommendations for use.
- (e) General safety off the premises of the family foster home. Any child in foster care who knows how to swim and who is at least six years of age may be permitted to swim in ponds, lakes, rivers, and other natural bodies of water that are approved for swimming by the county health department, the Kansas Department for Children and Families, or the designated authority in the state in which the swimming site is located.

FAQ: We have a neighborhood pool. Off-premises swimming pools are not addressed. Do we follow the same rules as for natural bodies of water? K.A.R. 28-4-824(e).

In your role as a foster parent you are responsible to ensure appropriate supervision.

- (1) Each licensee shall ensure that each child in foster care while wading, swimming, or involved in

other activities near, in, or on a pond, lake, river, or other natural body of water is directly supervised by a designated adult.

- (2) Each child in foster care who is a non-swimmer or who is less than six years of age shall wear a safety vest certified by the manufacturer as appropriate for the child's age and weight specifications, when wading or playing near a pond, lake, river, or other natural body of water or when boating.
- (3) Each caregiver shall review boating and swimming safety rules with each child in foster care before the activity and shall be responsible for enforcing the safety rules.

Compliance Guidance: Lake swimming and boating safety rules developed by the foster parent must be reviewed with each child in care before the activity.

- (4) If a certified lifeguard is not on duty, an individual with a life-saving certificate or training in CPR who can swim shall be in attendance.

(Authorized by and implementing K.S.A. 65-508; effective March 28, 2008.)

K.A.R. 28-4-825. Animals.



Purpose: The regulation describes the requirements related to any animal that is kept on the premises of the foster home and its care as well as more specific requirements for animals that are in contact with children in care.

Rationale: To ensure the safety and well-being of children in care so they are protected from the risk of harm by unhealthy animals or animals that pose a hazard to children.

Explanation: This set of regulations outlines the requirements for upkeep of the pet area for animals kept on the premises, that requires the animals be in good health, pose no threat to the children, and have a current rabies vaccination. Children in care must be protected from any hazardous animals that are present.

K.A.R. 28-4-825. Animals.

- (a) Each licensee shall ensure that when any animal is kept on the premises, the pet area is kept clean, with no evidence of flea, tick, or worm infestation in the area.
- (b) Each licensee shall ensure that each animal that is in contact with any child in foster care meets the following requirements:

Compliance Guidance: Before allowing children to be exposed to animals, a child's age and developmental level must be taken into consideration. Foster parents must also explain to children safety precautions regarding interaction with animals.

- (1) Is in good health, with no evidence of disease; and
- (2) is friendly and poses no threat to the health, safety, and well-being of children.

Compliance Guidance: When in doubt, or if questions arise concerning an animal's temperament or a child's ability to appropriately interact with animals, then both the animal and child must be supervised at all times or no contact of any kind may be allowed.

- (c) Each domesticated dog and each domesticated cat shall have a current rabies vaccination that is given by a veterinarian or given under the direct supervision of a veterinarian.
- (d) A record of each current rabies vaccination shall be kept on file in the family foster home, and a copy shall be supplied to the sponsoring child-placing agency.
- (e) If any animal that represents a hazard to children is on the premises, each child in foster care shall be

protected from that animal.

- (f) Pit bulls, exotic animals, and venomous or constricting reptiles shall not be kept or brought on to the family foster home premises.

Compliance Guidance: Pit bulls are not allowed and neither are venomous or constricting reptiles. Please see the definition of exotic animals in K.A.R. 28-4-800. Exotic animals are prohibited from being kept on or brought to the premises of the family foster home.

FAQ: Can an exception be obtained for a prohibited animal, such as a pit bull mix with a very friendly temperament? K.A.R. 28-4-825(f).

Yes, an exception may be requested. Animals should be assessed according to temperament and breeding purposes.

FAQ: Is an iguana considered to be an exotic animal? K.A.R. 28-4-825(f).

No. Please refer to the definition of exotic animal in K.A.R. 28-4-800(l); p. 28, which has two categories; one for non-human **mammals** (which would not include an iguana) and the other that states the animal has been determined by the secretary to be a **substantial threat** to the health and safety of a child in care.

(Authorized by and implementing K.S.A. 65-508; effective March 28, 2008.)

IV. APPENDIX: HELPFUL RESOURCES AND INKS

Family Foster Home Forms:

- Family Foster Home Application (form): <http://FosterLicensing.dcf.ks.gov>
- Family Foster Home Closure form can be located online at: <http://FosterLicensing.dcf.ks.gov>
- Other foster home forms can be located at: <http://FosterLicensing.dcf.ks.gov>
http://www.DCFks.gov/bcclr/application_packets_and_forms/family_foster_home.html

Foster Home Exceptions on a Day Care Home License:

- Request for Exception to Provide Foster Care (form): <http://FosterLicensing.dcf.ks.gov>
- Guidance Material for Child Placing Agencies: <http://FosterLicensing.dcf.ks.gov>
- Guidance Material for Child Care Providers: <http://FosterLicensing.dcf.ks.gov>

Background Checks:

- Kansas Bureau of Investigation has made available Kansas offender registration information on their website at: www.accesskansas.org/kbi. In some areas of the state the local Sheriff's Office may also have Kansas offender registration information on their local website. If you need help in accessing Kansas's offender registration information, your local Sheriff's Office is available to assist you. Some other helpful background check links include:
 - KBI background check information: <http://www.kansas.gov/kbi/criminalhistory/>
 - DCF Child Abuse/Neglect Central Registry: <http://www.dcf.ks.gov/services/PPS/Pages/Child-Abuse-and-Neglect-Central-Registry.aspx>
 - Offender Population search: <http://www.doc.ks.gov/kasper>
 - Out-of-State Registry Information: http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/policy-issues/State_Child_Abuse_Registries.pdf

Safety Information:

- Healthy Children.org: <http://www.healthychildren.org/English/Pages/default.aspx>
- National Fire Safety Association; Children and Fire Safety Tips: <http://www.nfpa.org/safety-information/for-consumers/arson-and-youth-fire-setting/young-firesetters/children-and-fire-safety-tips>
- Safe Kids Kansas (child care; safe sleep; safety seats; fire protection; poison prevention, etc.): <http://www.safekidskansas.org/>
- Information from the National Resource Center for Health and Safety in Child Care and Early Education can be found at the following link: <http://nrckids.org/CFOC3/index.html>
- Information regarding ATV safety can be found at the following link: www.ATVSafety.gov
- Information regarding lawn mower safety can be found at the following link: <http://www.healthychildren.org/English/safety-prevention/at-home/pages/Lawnmower-Safety.aspx>
- Information regarding food safety can be found at the following link: <http://www.foodsafety.gov/>
- Information regarding food allergies can be found at the following link: <http://www.foodallergy.org/>

Disease Prevention

- Immunizations: <http://www.DCFks.gov/immunize/schoolInfo.htm>
- Immunization Schedule: <http://www.DCFks.gov/immunize/schedule.htm>
- Notifiable Diseases and Reporting Form: http://www.DCFks.gov/epi/disease_reporting.html
- Information regarding the Centers for Disease Control and Prevention can be found at the following link:
<http://www.cdc.gov/>

Foster Parent Training

- Information regarding training topics, dates, and locations can be located through visiting the Children's Alliance web- site address at www.childally.org.